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У журналі представлено різноманіття психотерапевтичних підходів, модальностей та методик, що пов'язані з психологічним та медичним просторами сучасної психотерапевтичної та консультативної допомоги. Розглянуто теоретичні і практичні питання щодо різних аспектів психотерапевтичного втручання при різних розладах, їх гендерні аспекти, методики психодіагностики, взаємодію психотерапії та культури тощо.

Для психотерапевтів, консультантів, практичних психологів та всіх, хто цікавиться питаннями надання психотерапевтичної допомоги.

В журнале представлено разнообразие психотерапевтических подходов, модальностей и методик, связанных с психологическим и медицинским пространством современной психотерапевтической и консультативной помощи. Рассмотрены теоретические и практические вопросы по различным аспектам психотерапевтического вмешательства при различных расстройствах, их гендерные аспекты, методики психодиагностики, взаимодействия психотерапии и культуры и тому подобное.

Для психотерапевтов, консультантов, практических психологов и всех, кто интересуется вопросами оказания психотерапевтической помощи.

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SYMBOLS AND IMAGES IN THE MODALITY OF SYSTEMIC FAMILY PSYCHOTHERAPY

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The problem of psychotherapeutic work with symbols and images in the popular in modern conditions method of systemic family constellations, founded by Bert Hellinger, is considered in the article. Psychotherapeutic work in this method covers the content of the unconscious at three levels: personal, generic and collective unconscious. Each of these levels has its own specific symbolism, understanding of which should be possessed by a psychotherapist working in this area of psychotherapy. One of the fundamental mechanisms of the systemic family constellations method is the work with symbols and images that reflect certain mental structures. In the process of conducting a psychotherapeutic session, the client or the substitutes during group work experiences arise that reflect the dynamics in the unconscious structures of the psyche of the client. Similarly with other methods, the language of the unconscious client is reflected through symbols, images, fantasies, metaphors, on the basis of which the therapist builds a session strategy. In the method of systemic family constellations, much attention is paid to the interconnections between the structures of the psyche, which B. Hellinger calls the "orders of love." The orders of love are those laws and patterns on the basis of which the relationships between the structures of the human psyche are built. These relationships can be in a normal state, and then a person feels holistic and integrated and they can be broken, and this causes symptoms or problems. B. Hellinger singles out many similar connections or “orders of love” in the human psyche. The main "orders of love" and their violations arise in the relationship between parents and children, between husbands and wives, brothers and sisters, men and women. Symptoms, as a rule, symbolically reflect the contradiction between inner experiences and behavior, for example, inner experience is based on the rejection of someone, while outwardly this is not demonstrated. Working with a problem or symptom in the method of systemic family constellations, the therapist seeks to eliminate this contradiction and thus transform the negative relationship (the order of love) into a constructive one. Symbols of constructive relationships are feelings of respect and acceptance for other people.

KEYWORDS: systemic family constellations, unconscious, symbols, metaphor, orders of love, insight, emotional response.

One of the most popular methods of family psychotherapy in Ukraine in modern conditions is the method of systemic family constellations, founded by German psychotherapist Bert Hellinger. The popularity of this method is related to the specifics of our mentality. The method of systemic constellations is visual, accessible, emotional, well accepted by our compatriots. Psychotherapeutic work in this approach is aimed not only at the personal unconscious, but also at the tribal structures, which are part of the tribal or collective unconscious. In the literature, various authors offer different versions explaining the principles and mechanisms of systemic family constellations method (Wilfried de Philippe, Gunhard Weber, Franz Ruppert, Ursula Franke, Stefan Hausner, Jan Jacob Stam and others).

From our point of view, one of the fundamental mechanisms of the method of systemic family constellations is the work with symbols and images that reflect certain mental structures. In the process of conducting a psychotherapeutic session, the client or the substitutes during group work experiences arise that reflect the dynamics in the

unconscious structures of the psyche of the client. Substitutes, acting out the roles assigned to them, endure the symbolism of reflection of those processes that occur in the unconscious client with the help of bodily manifestations, phrases, emotional states and reactions. As well as when working with other methods, the language of the unconscious client is reflected through symbols, images, fantasies, metaphors, on the basis of which the therapist builds a session strategy.

In the method of systemic family constellations, much attention is paid to generic structures, which include both parent structures (mother and father), and structures of the rest of the genus. The relationship between these structures B. Hellinger calls the "orders of love." The orders of love are those laws and patterns on the basis of which the relationships between the structures of the human psyche are built. Hellinger identifies many such laws and "orders of love." For example, the main "orders of love" in the relationship between parents and children include the following:

1. "Parents give, and children take." Nonequivalent relationships between parents and children. Parents give their children what they themselves received from their parents and what they as a couple take from each other. Children accept their parents as parents and everything that parents give them (introjects, value system, unconscious messages). Later, the children pass on what they received from their parents, first of all, to their own children.

2. Everyone, who takes, respects the gift he received and the person from whom he received it. This “order of love" applies to the relationship between brothers and sisters

3. The hierarchy, according to which parents have priority over children, and the first child over the second [Hellinger, 2010, p. 55-56].

The "orders of love" in the relationship between parents and children should be based on the principle of unconditional respect from the children to their parents, whatever they may be. And parents, in turn, must accept their children as they raised them. In this case, we are talking more about the external manifestations of the relationship between parents and children. However, such external manifestations will just be built on the foundation of the inner experiences that a person feels in contact with his parents. If the inner experience is based on the rejection of its parent, while this is not externally demonstrated, a contradiction arises between the inner experiences and behaviour, which may be reflected in the symptom or problem.

An interesting feature of the manifestation of “orders of love” is that the connection between the structures of the psyche, in this case between parent and child structures, will always exist, regardless of what kind of relationship is built between the person and his parents, whether he knows his parents or he knows nothing about their existence. Even in orphans, in the unconscious, there is this connection between parent and child structures. This connection will always exist. The main violation of these relations is the nature of their construction. Namely, if the connection between parent and child structures is not based on respect and acceptance, the unconscious finds a way to maintain this connection with the help of other emotions and relationships that were more acceptable at that time for a person. Thus, the phenomenon of "loyalty to family members" is known in the method of systemic family constellations appears. For example, in a family of an alcoholic a son is born, who subsequently begins to experience various kinds of dependence, from alcohol, gambling, drugs, etc. In the method of systemic family constellations, this relationship of son and father will be explained by the phenomenon of loyalty. This will be manifested in the fact that no matter how the son does not relate to his father during his life, he will somehow keep in touch with him, his “order of love”, because on an initially unconscious level, children always love their parents, surely.

However, if in adulthood a son does not accept his father because of his dependence, on an unconscious level, another connection is formed through loyalty to his father, which in metaphorical language reads as follows: “I am the same as you and to demonstrate this to you, I will repeat your fate." The problem of dependence on the son will clearly show him the reason, namely the rejection of the father as he is, and the lack of respect for him. Through his dependence, the son shows loyalty to his father, i.e. in solidarity with him, repeats his fate. Thus, the connection remains at an unconscious level between the structure of the father and son.

On the other hand, a manifestation of the son’s loyalty to his father is the preservation of his mother’s connection with her husband. One of the

possible causes of this problem may be the rejection by his wife of men and the male structure of the psyche. Due to the fact that the nature of acceptance, on the basis of which connections (orders of love) are built, must be unconditional, a woman is given what she most cannot accept in a man. In our case, alcoholism. Living with such a husband, she learns to accept him unconditionally, even if he has the worst vice in her mind. However, if she does not succeed, the son, through loyalty to his father, also stimulates the mother to unconditional reception by his example. The fact is that the mother loves the child unconditionally, and since the son is also a representative of the stronger sex, through unconditional love for his son, who has the same problem that the father learns to accept men unconditionally. In a metaphorical language, the son says to his mother: "I am the same as my father, and to demonstrate this to you, I will repeat his fate."

Working with this problem in the method of systemic family constellations, the therapist seeks to transform this connection (order of love). Firstly, the therapist leads the client to unconditional acceptance and respect, for the son - his father, for his mother - his husband. Secondly, when working with son, the therapist changes the nature of the manifestation of the connection (the order of love), through a resolving phrase of the type: “I am the same as you. But I have my own destiny, which is destined for me. I respect you as a father and accept the life that you have chosen for yourself. And no matter what happens, I will always love you as my father.”

In this case, the client must come to a true unconditional acceptance, which is fundamentally different from patience and humility. When a person accepts something or someone, of course, he does not need to endure it or put up with it. Unconditional acceptance can be born out of humility and patience, but patience and humility are not the experiences on the basis of which harmonious “orders of love” are built, and to which the therapist must lead the client.

B. Hellinger refers to the main "orders of love" in the relationship between spouses the following:

1. “A man wants a woman for a wife, and a woman wants a man for a husband.” If one wants to be paired with the other for some other reason, for example, for the sake of selfish pleasure or material security, then the foundation of such relations is unstable.

2. "A man and a woman together are oriented toward the third, and only in the child does their masculine and feminine achieve their fullness." All that is admired and loved by the husband and wife in themselves and in the partner, they admire the same and they love the same in their child. And all that annoys them and interferes with them in themselves and in their partners, annoys and interferes with them in the child. Therefore, what parents do in terms of respect, love, and help in relation to the partner, they manage in relation to the child. And everything that they fail in terms of respect, love and help in relation to the partner, they fail in relation to the child. An example of the action of this "order of love" is described in the previous example.

3. “A man, loving, takes and cognizes a woman, and a woman, loving, accepts and cognizes a man”.

4. An exchange occurs between a man and a woman in which both give and take equally since each of them has what the other does not have, and each does not have what the other has.

5. The “order of love" between a man and a woman is that the wife follows the husband. This means that she follows him to his family, to his locality, to his circle, to his language, to his culture and agrees that the children also follow their father [Hellinger, 2010, p. 67-74].

Knowledge of the "orders of love" in a symbolic form is passed from generation to generation through traditions, cultural values, social norms and moral norms. For example, in modern Slavic culture, they are more negative about the fact that having married a woman, a man goes to live in her family with her parents. Whereas, if in this case a woman lives with her husband with his parents, this fact is perceived more loyally. The answer to this is the unconscious sense of people that one of the "orders of love" is violated, namely, the order that the wife follows the husband.

Another example of the manifestation of “orders of love” in traditions is the tradition of memorial day. The preservation of this tradition provides people with the restoration of communication with previous generations, which consists in the fact that everyone has a place in the patrimonial system, and no one should be forgotten. The performance of this ritual from a psychological point of view is primarily necessary for the person who carries it out, because, thus, he harmonizes the connections in his unconscious and preserves the "orders of love."

In the method of systemic family constellations, much attention is paid to the rituals of psychotherapeutic work. The most common of these are role assignment and conclusion from them, as well as bowing rituals. The fact is that the ritual of assigning roles can actually be skipped in psychotherapeutic work. Moreover, experienced substitutes, as a rule, do not need to carry out this procedure. The main task of assigning a role is to strengthen the existing dynamics in the group, and especially the dynamics of transfer processes. Contrary to many popular opinions about a certain magical power that is present in the process of conducting a constellation session, this method uses the same mechanisms of group dynamics as in psychoanalysis, gestalt therapy, psychodrama, and other areas of psychotherapy. The same transfer mechanisms operate here, only in contrast to other areas, in systemic family constellations, as in some types of psychodrama, the transfer effect is artificially formed using the role assignment ritual. That is why there is always the possibility of replacing substitutes with other members of the psychotherapeutic group.

Another common ritual is bowing. In this context, the bow symbol in the method of systemic family constellations means a tribute to the bowing to someone. Moreover, a bow, like other rituals, strengthens the dynamics of the therapeutic process by adding such a psychotherapeutic effect as a bodily response. Not only a tribute of respect can be expressed in the bow, but also the acceptance of what the figure standing before the bowing symbolizes.

The main part of the work in the method of systemic family constellations is the interaction between group members. A member of the group with whom psychotherapeutic work is carried out selects and assigns roles to other members of the group, who at that time were called "substitutes." If we imagine the unconscious in the form of a combination of various kinds of structures, for example, the parent structure, the structure of “I”, etc., then the role of the substitutes will be to reflect the processes that occur in these structures, as well as the nature of building bonds (orders of love) between them. In this case, substitutes can win back any structures of the unconscious client, even such as structures of long-dead relatives, or relatives so distant that the client may not even know about their existence, etc. In fact, at this moment we are working with the structures of the unconscious client, while the substitutes mirror the processes taking place in him. This is confirmed by the possibility of holding a session of systemic family constellations individually, using figures, toys, metaphorical cards and photographs, simple inscriptions on leaflets, etc. as substitutes. With such work, due to the lack of live feedback from other members of the group, the role of symbols and images greatly increases. In other words, the symbolism of those figures or pictures with which the therapist works will be a source of additional information when constructing hypotheses for identifying and decoupling systemic entanglements.

One of the most common methods in therapeutic practice is the use of toys. In this case, each individual toy can carry its own special context for each client. However, some similar patterns can be distinguished. For example, if there are fabulous characters in the set of toys, and the client selects them for work. In this case, it is necessary to deal with the history and characteristics of that fairy-tale character that the client has chosen.

Example: Princess Fiona from the cartoon "Shrek", can mean an unconscious or conscious desire for reincarnation, the restructuring of psychological mechanisms. Moreover, this may indicate an intrapersonal conflict, which is characterized by the unresolved issue of what form it is in. In other words, how to be a client in life, what role to play. This was the main conflict of Fiona and her main property in the cartoon.

Another clear symbol is the size of the toy that the client chooses. The size of the toy, as a rule, may indicate a perception of the size of the problem. As a rule, the figure that represents the client’s problematic request or is directly related to this problem will be selected large and, as the therapeutic work progresses, it can change to a smaller one, or even disappear from the playing field. Whereas the client’s choice of a small figure against the background of the rest identical to it, can speak either of the undeveloped structure of the unconscious, which should be updated and developed. Or that this structure is not significant for the client at a given time. For example, a small figure (toy) is chosen for the role of the father, while the figure of the mother in the playing space occupies a large place. This may indicate the excessive importance of the

maternal structure and the lack of value in the paternal etc.

When working in a modality of systemic family constellations, an important part is occupied by the geometry of space, with the help of which the therapist receives information about the nature of the construction and the connections in the structure of the unconscious client. The analysis of relations is carried out by positioning one substitute in space in relation to another, as well as those actions and conversations that he carries out. For example, the position of one substitute in relation to another in front or behind may show the nature of parent-child relations. Front position - the children's position, the position of the future. The back position is the parent position or the position of the past. The position on the right is a man, leading position, a position of strength and external interaction with the outside world. The position on the left is the position of women, emotional, the position of the internal position in relation to the outside world. Positions from top to bottom can also be positions of dominance and submission, positions of senior and junior, positions of self-awareness.

In the process of working with the client at the stage of requesting and assigning roles, the therapist builds hypotheses regarding which systemic disorder is present in this topic and from which kind it comes. Therefore, relatives with difficult fates and all kinds of violations (alcoholics, drug addicts, people with disabilities, killers, suicides, mentally ill, unborn and aborted children, etc.) are in a special spectrum of attention for the therapist. Moreover, during therapy, attention should be paid to the following three levels of systemic disorders or violations of the "orders of love."

The first level includes all those members of the family who were treated unfairly, or relatives with difficult destinies. This level of violation is considered the easiest, since a person who has overcome certain difficulties in the theory of systemic constellations has already worked through his injuries. However, this violation can also have negative consequences for the family and future generations, which will most often be manifested through “loyalty” to members of the clan.

The second level of violations includes all those members of the family who have ceded their place to others in the system. For example, former partners, ex-wives and spouses, etc. Violation at this level can be manifested in disrespect by new partners of previous ones. Surprisingly, but on an unconscious level, this is exactly what can cause a conflict between new partners.

The third level of violations includes all those members of the family who benefited from someone's misfortune. In this case, we are dealing either with those members of the family who often offended others (members of the clan or strangers), or those who received some advantage in life due to the suffering or death of another person. For example, in the case of hostilities, a soldier who kills the enemy, thereby preserving life for him, refers to this level of violations.

During the constellation, the therapist has a number of tools that can be used in working with the client.

The first tool is the collection of feedback from substitutes and its processing. It is carried out as follows. After the substitutes have started an arbitrary movement, the therapist can ask questions at two levels. All of them are aimed at revealing the emotional state of substitutes, thus, all such issues have the same task.

At the first level, the therapist asks the substitute how he feels. If the substitute is rather empathetic and has extensive experience with constellations, he will, as a rule, be absolutely able to formulate his feelings and sensations. However, if the substitute does not have much experience in therapeutic work, or if he encounters his own protective mechanisms, the therapist may experience a lack of feedback. In this case, it is necessary to ask the simplest questions about feelings of self, each time clarifying them. The first questions may be: “What do you feel in the body?”, “Is it a comfortable or uncomfortable feeling?” Body-tactile sensations are the most understandable and simple level for a person, since he always feels something at the level of the body, for example, is it cold or warm at the moment. At the same time, we immediately note that in therapeutic work the feeling of cold and heat is not related to the actual temperature in the room. After the substitute has been able to formulate his bodily sensations, the therapist can return him to an emotional level, for example: “What do you feel when you are cold? What kind of emotion do you have? ” Thus, at the first level of receiving feedback, the therapist focuses on individual emotional feelings.

At the second level, the therapist focuses on the relationship between the substitute, formulating and putting together a picture of the emotional connections between them. In this context, the following questions may be raised: “What do you feel about the other substitute?”, “What would you like to tell him to do or do?”, “Do you want to get closer to him or move away?”

Thus, collecting feedback from substitutes, the therapist builds a system for himself in the head, tracking the internal feelings of the substitutes and the relationship between them. Based on this systematization, a violation hypothesis is formulated. In this case, everything that contradicts the “order of love” in the system will be a violation that you can work with, namely the lack of respect and acceptance, the lack of communication between substitutes, acute emotional reactions, as well as destructive emotional states, such as resentment, guilt, fear, aggression, etc.

Having formulated the hypothesis of the problem, the therapist proceeds to search for a solution and decoupling the systemic interweaving. Working with a client, the therapist can use three main tools:

1. Awareness of the problem. The consequence and confirmation of awareness of the problem and its cause is insight.

2. Emotional response or abreaction, the confirmation of which is catharsis.

3. The acquisition of the value or meaning of traumatic experience, the consequence and confirmation of which is internal acceptance.

It should be noted that these tools in therapeutic work can be used in absolutely any order or not used at all. If we are dealing with a client who needs to understand the cause of the problem, it is not at all necessary to lead him to a catharsis, which in this case may not happen. If in practice we encounter acute trauma, then abreaction is very important, especially if this trauma was not responded at the time of trauma. As for the third tool, giving the meaning is the final stage when the client realizes that there is something resourceful in his injury.For example, this problem or trauma led to the formation of his willpower, or its value may be that, despite the difficulties that the client went through, he managed to cope with them, etc.

Conclusions

1. Psychotherapeutic work in the method of systemic family constellations covers the content of the unconscious at three levels: personal, generic and collective. One of the fundamental mechanisms of this method is the work with symbols and images that reflect certain structures of the psyche.

2. The method used the same mechanisms of group dynamics as in psychoanalysis, gestalt therapy, psychodrama, and other areas of psychotherapy. The same transfer mechanisms operate here, only in contrast to other directions, in systemic family constellations, the transfer effect is formed artificially using the role assignment ritual.

3. In the method of systemic family constellations, much attention is paid to "orders of love" - these are the laws and patterns on the basis of which the relationships between the structures of the human psyche are built. These relationships can be in a normal state, and then a person feels holistic and harmonious and can be broken, which causes symptoms or a problem.

4. Lack of respect and acceptance, lack of communication between substitutes, acute emotional reactions, as well as destructive emotional states, such as resentment, guilt, fear, aggression and others are violations of the relationships between the structures of the psyche (orders of love), with which you can work.

5. The main part of the work in the method of systemic family constellations is the interaction between the members of the group. If we imagine the unconscious in the form of a combination of various kinds of structures, then the role of "substitutes" will be to reflect the processes that occur in these structures, as well as to reflect the nature of the construction of connections (orders of love) between them.

6. Symbols and metaphors, as well as the geometry of the space with which the therapist works, are a source of information in constructing hypotheses for identifying and decoupling systemic disorders, as well as in restoring the connections (orders of love) between the structures of the psyche.

7. Three main tools are used in the method of systemic family constellations: awareness of the problem (the consequence and confirmation of which is insight), emotional response and the acquisition of the value or meaning of traumatic experience (the result and confirmation of which is internal acceptance).

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СИМВОЛИ ТА ОБРАЗИ В МОДАЛЬНОСТІ СИСТЕМНОЇ СІМЕЙНОЇ ПСИХОТЕРАПІЇ

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У статті розглянута проблема психотерапевтичної роботи з символами та образами у популярному в сучасних умовах методі системних сімейних розстановок, засновником якого є Берт Хеллінгер. Психотерапевтична робота у даному методі охвачує зміст несвідомого на трьох рівнях: особистому, родовому, колективному несвідомому. Кожен рівень несвідомого має свою символіку, розуміти яку повинен психотерапевт, який працює в даному напрямку психотерапії. Одним з основних механізмів роботи в методі системних сімейних розстановок є робота з символами та образами несвідомого, які відображають певні структури психіки. В процесі проведення психотерапевтичного сеансу у клієнта або його заступників у випадку групової роботи виникають переживання, які відображають динаміку несвідомих структур психіки клієнта. Аналогічно з іншими методами, мова несвідомого клієнта відображується через символи, образи, фантазії, метафори, на базі яких психотерапевт формує стратегію сеансу. При роботі в методі системних сімейних розстановок велику увагу приділяють взаємозв'язкам між структурами психіки, які Берт Хеллінгер назвав «порядки любові». Порядки любові – це ті закони та закономірності, на базі яких формуються взаємозв'язки між структурами психіки людини. Такі взаємозв'язки можуть бути нормальними, і тоді людина почуває себе цілісною та гармонійною, а можуть бути порушені, що викликає симптоматику або проблему. Берт Хеллінгер виділив у психіці людини безліч таких взаємозв'язків та їх порушень. Основні порушення у «порядках любові» виникають у стосунках між батьками та дітьми, сестрами та братами, чоловіком та жінкою, подружжям. Симптоми, як правило, символічно відображають протиріччя між внутрішніми переживаннями та поведінкою, наприклад, внутрішнє переживання стосується неприйняття кого-небудь із оточення, хоча на рівні поведінки це не демонструється. Працюючи з симптомом або проблемою методом системної сімейної психотерапії, терапевт намагається усунути подібне протиріччя і таким чином трансформувати негативний зв'язок (порядок любові) у конструктивний. Символами конструктивних зв'язків є почуття поваги та прийняття інших людей.

КЛЮЧОВІ СЛОВА: системні сімейні розстановки, несвідоме, символи, метафора, порядки любові, інсайт, емоційне відреагування.

СИМВОЛЫ И ОБРАЗЫ В МОДАЛЬНОСТИ СИСТЕМНОЙ СЕМЕЙНОЙ ПСИХОТЕРАПИИ

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В статье рассмотрена проблема психотерапевтической работы с символами и образами в популярном в современных условиях методе системных семейных расстановок, основателем которого является Берт Хеллингер. Психотерапевтическая работа в данном методе охватывает содержание бессознательного на трех уровнях: личном, родовом и коллективном бессознательном. Каждый из этих уровней имеет свою определенную символику, пониманием которой должен владеть психотерапевт, работающий в данном направлении психотерапии. Одним из основополагающих механизмов работы метода системных семейных расстановок является работа с символами и образами, которые отражают те или иные структуры психики. В процессе проведения психотерапевтического сеанса у клиента или у заместителей при групповой работе возникают переживания, которые отражают динамику в бессознательных структурах психики клиента. Аналогично с другими методами, язык бессознательного клиента отражается через символы, образы, фантазии, метафоры, на базе которых терапевт выстраивает стратегию сеанса. В методе системных семейных расстановок большое внимание уделяется взаимосвязям между структурами психики, которые Б. Хеллингер называет «порядками любви». Порядки любви - это те законы и закономерности, на базе которых строятся взаимосвязи между структурами психики человека. Эти взаимосвязи могут быть в нормальном состоянии, и тогда человек чувствует себя целостным и интегрированным, а могут быть нарушены, что вызывает симптоматику или проблему. Б. Хеллингер выделяет в психике человека множество таких связей или «порядков любви». Основные «порядки любви» и их нарушения возникают во взаимоотношениях между родителями и детьми, между мужьями и женами, братьями и сестрами, мужчинами и женщинами. Симптомы, как правило, символически отражают противоречие между внутренними переживаниями и поведением, например, внутреннее переживание основано на непринятии кого-либо, тогда как внешне это не демонстрируется. Работая с проблемой или симптомом в методе системных семейных расстановок терапевт стремится устранить подобное противоречие и таким образом трансформировать негативную связь (порядок любви) в конструктивную. Символами конструктивных связей являются чувства уважения и принятия к другим людям.

КЛЮЧЕВЫЕ СЛОВА: системные семейные расстановки, бессознательное, символы, метафора, порядки любви, инсайт, эмоциональное отреагирование.

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VIOLENCE AGAINST INFANTS AND CHILDREN - PRACTICAL IMPLICATIONS REGARDING PREVENTION ISSUES

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The article presents an overview of the problems of child violence, a wide range of its variants-physical, sexual and psychological violence, etc. It is shown that child violence has the quality of transgeneration, in one form or another, is reproduced in the next generations. The experience of violence is also a negative predictor of violent behavior that will manifest itself in the upbringing of their own children. Indicators of the epidemiology of violence are presented. The data vary greatly, for example, the prevalence of sexual violence ranges from 3% to 36%. Sexual violence mainly affects children between the ages of 6 and 13. Children under the age of 4 are most likely to suffer from physical and psychological abuse. Up to a third of victims of sexual violence may show appropriate behavior towards their own or other children. An overview of the factors that predispose / retard the formation of child violence is presented. These are factors such as age, gender, ethnic origin, disability, and social status of the parents. Prevention work should be based on a multi-level concept (multiple participants or institutions are involved). Appropriate measures to prevent violence should not (cannot) only target children / young people, but should also affect, in particular, parents and schools.
KEYWORDS: sexual, physical and psychological abuse of children, epidemiology and prevention of child violence.

Preliminary considerations

Many years ago, two parents were sentenced to several years/life sentences, because the father in particular abused his own child so severely that the infant died as a result. The mother of the child was mainly acting in doing nothing against the maltreatment of her own child. The mother was released from prison after a few years. In the course of serving her sentence, the mother consecrated therapeutic measures/offers. She settled down again, met a new life partner (who soon left her) and had a child again. For me, the first author, I was faced with the professional question of whether this mother would again create circumstances, in order that the new-born infant would also have to fear a threat against a child's well-being. However, I was at that time in particular interested in the special circumstances which could lead to such a behaviour.

Introduction

Finkelhor (1998) already 20 years ago compared international studies on the epidemiology of sexual abuse. He found sexual abuse experiences in at least 7% of women and 3% of men, with data from up to 36% of women (Austria) and 29% of men (South Africa) (Finkelhor, 1998). However, the number of unreported cases is much higher.

In 2018 more than 8500 children in Germany became victims of dangerous or severe injuries. According to the Federal Criminal Statistics Austria (2011) crimes were reported in the age group from 0 to 10 years: 12 dead infants, 186 cases of torture or neglect, 2.175 cases of injuries and 699 cases of sexual abuse.

But not all children are equally at risk. The problems of the individual case depend on age, gender, ethnic origin, disability and social status.

In the area of sexual abuse, the estimates are about 5-11 times higher. Children up to the age of 4 years are most frequently affected by physical and psychological abuse, and in the case of sexual abuse mainly children from 6 to 13 years.

The frequency of deaths due to consequences of violence is calculated at 0.1 - 3.7/100.000. Children under one year of age are exposed to up to six times the risk. Children up to four years are still at twice the risk. Children who parents are shaken are particularly at risk. The lethal cases here amount to 25% (WHO 2003,).

The most important risk factor is the lived violence in the family.

Current findings suggest that physical neglect is directly linked to economic stressors, while low parental education is consequential for both physical and supervisory neglect. Both types of neglect also are strongly associated with risk of other maltreatment and most other forms of victimization. Physical neglect is particularly strongly related to sexual abuse and witnessing sibling abuse, while supervisory neglect is most strongly related to risk for sexual victimization by a nonfamily adult. Although neglect is significantly associated with trauma symptoms, poly-victims had, by far, the highest levels of trauma symptoms (Turner, 2019).

Experiences of violence in childhood and youth

Estimates suggest that 15% of children in the United Kingdom have been exposed to at least one form of domestic violence (DV) during their childhood, with more than 3% having witnessed an incident during the past year.

This exposure increases the risk of children suffering both short-term and long-term impacts, including effects on their behaviour, social development, physical and mental health, educational attainment and quality of life. In addition, children living in environments where there is DV are at higher risk of maltreatment.

Adult relatives and friends of the family often observe the experiences of children in situations of DV, and have the potential to shed light in a way that children and survivors may struggle to articulate, or be reluctant to acknowledge or disclose. Such accounts are largely absent from existing research, and yet bring a perspective which can broaden our understanding of the impact that DV has on children. This exposure to violence increases the risk that children are at risk of both short-term and long-term effects, including effects on their behaviour, social development, physical and mental health, educational attainment and quality of life. In addition, children living in these environments are at higher risk of abuse (Gregory, 2019).

Within the framework of the transgenerational transmission of one's own experiences of attachment, one's own experiences of violence are also a negative predictor of violent behaviour practised by oneself in the upbringing of one's own children. Not to be neglected is the fact that up to one third (33%) of the victims of sexual abuse experiences can show corresponding behaviour towards their own or other children (Giacomuzzi, Velasquez-Montiell, Scherer, Ertl, Garber, 2017a).

The figures vary only slightly in time and in regard to German-speaking areas. In particular, the violence between young people, which can be a determining factor in their further development, must not be neglected. In a representative German study, almost one in five young people (18.9%) stated that they had been victims of violence in the last 12 months. In relation to the entire lifetime to date, twice as many young people (38.9%) have suffered a violent crime at least once (Gewalterfahrungen von Kindern und Jugendlichen, 2007). In 3.1 % of all violent crimes the injury was so serious that in-patient treatment with a longer stay in hospital became necessary. A fifth (20%) of all assaults a weapon was involved (e.g. measuring stick, baton, and brass knuckles).

Thus, in the study, two out of five adolescents were exposed to violence by family members during childhood. The most common form of parental assault is light corporal punishment (slaps in the face or hard gripping). As the study shows, male adolescents have a significantly higher risk of victimisation than female adolescents (with the exception of sexual violence). Up to 20.8% of the students in the study cited were also severely chastised (frequent experience of e.g. slaps in the face and rough grabbing) or even maltreated (fist slapping, beating).

In the literature, sexual abuse is often referred to as a dysfunctional family structure as a risk factor for the pathogenic development of children and adolescents. Various studies (e.g. Joraschky & Petrowski, 2016) have found, for example, that a lack

of parental warmth during childhood is confirmed as a risk factor for the later development of depression (Bender, 2016).

In a recent study (Giacomuzzi, Velasquez-Montiell, Scherer, Ertl, Garber, 2017b), for example, it was found that parents of students who had experienced sexual abuse in their childhood were significantly more likely to have abused alcohol or drugs or suffered from a mental disorder than students who had not experienced sexual abuse in their childhood (Giacomuzzi, Scherer, Velasquez-Montiell, Ertl, Garber, 2017b).

As a summary it can be stressed out that violence begins to a considerable extent in early childhood, continues within the family and between young people during adolescence and has a long-term negative influence on their experience and behaviour.

Violence in partner relationships and in different ethnic groups

Intimate partner violence is also an issue of public health and especially the social and economic circumstances in which women/mothers live. Punjab, for example, is a male-dominated society in which partner violence is generally accepted as a cultural norm and considered normal behaviour within a marriage. It results from the attitude that partner violence is a private matter and usually a justified reaction to misconduct of the woman (Nadeem, 2019). In a large-scale Multi-Indicator Cluster Survey (MICS) in Punjab province, the effects of the cultural norm on the attitude of the wife were investigated. The results suggest that wife beating is accepted as a community norm. The level of education of women plays the most important ole in rejecting the wife-beating norm, as an increase in level of education is associated with an increase in the probability of rejecting the wife-beating. So, the current study suggests that there is a dire need to increase the female education level to overcome this issue.

The risk of becoming a victim of intra-family violence varies, as we`ve seen already above according to ethnicity or cultural background: while 17.0% of German youths, for example, have suffered serious forms of parental violence in childhood, the figure is 30.7% for Italian youths, 29.8% for Turkish youths, 27.9% for (ex-)Yugoslavian youths and 25.4% for Russian youths. From that numbers it is very clear that the risk of becoming a victim of intra-family violence varies, according to ethnicity and cultural background (Giacomuzzi, Velasquez-Montiel, 2017c).

Violence by intimate partners is one of the most frequently reported crimes. Black women, for example, reported violence by intimate partners to the police twice as often as white women. From an ethnic point of view, police reports of violence by black women increased significantly with increasing age between 18 and < 35 years. Latin American mothers with less than a high school education were the least likely to report to the police. Moreover, a culture of silence and discrimination, influences of socioeconomic status and social desirability often prevails (Holliday, 2019).

Despite compromising women's health and safety, intimate partner violence (IPV) is among the most underreported crimes, and our understanding of factors that drive police reporting by race/ethnicity is underdeveloped. Intimate partner violence during pregnancy is a risk factor for unwanted pregnancies and birth outcomes. As shown there is a connection between partner violence before and during pregnancy and participation in supplementary or supporting programmes for low-income families.

The purpose of a study by (Holliday, 2019) was to examine racial/ethnic differences in self-reporting IPV to police. Race/ethnicity-stratified models identified predictors of reporting IPV to police among recent, female survivors (n = 898) in the National Crime Victimization Survey (NCVS; 2011-15). Focus groups (n = 3) with recent survivors (n = 19) in Baltimore, MD (2018), contextualized results. Black women in the NCVS were twice as likely to report IPV to police relative to White. In race/ethnicity-stratified models, police reporting significantly increased with increasing age between 18 and < 35 years for Black women, and with IPV-related injury for Black and Hispanic women. Hispanics with less than a high school education were least likely to report. Focus groups explained racial/ethnic influences on reporting including a culture of silence and discrimination, socioeconomic status, and social desirability. The authors identified influences on reporting IPV to police that vary by race/ethnicity using national data in context to an urban environment.

Let us therefore further note that violence is also influenced by ethnicity, social status and education.

Practical Implications

In a 5-year study on the prevalence of physical violence against children and adolescents in Recife, Brazil, 9783 incidents were evaluated in which mainly male children were the victims (n=5447, 55.7%). The average age of the victims was 13.9 years, the most frequent perpetrators were acquaintances of the victims (n=2538, 25.9%). Facial injuries in particular were the most common features of violence, affecting just over a fifth of the entire sample (n=3673, 20.1%) (Masho, 2019).

Early intervention violence problems can be dealt with more effectively the younger the persons to whom prevention efforts are directed. In the first years of life, however, children are already at risk of being neglected by their parents or becoming victims of parental violence due to difficult family circumstances (poverty, poor housing conditions, social exclusion, etc.) (Giacomuzzi, Velasquez-Montiel, 2017d). For example, video analyses should also be mentioned here, which allow parents to see their own behaviour and which can be used to identify specific resources and eliminate deficits.

In infancy and early childhood, the family has the greatest influence on personal development, and even at primary school age, the family continues to play an important role, although the weight of peers and school is increasing.

In adolescence, orientation towards the school environment, the peers and the residential area (e.g. leisure and consumer activities) predominate.

The involvement of young people can also be crucial, because their commitment and the considerable influence of their peers contribute significantly to the acceptance and success of prevention measures among young people.

In Austria, about 370,000 children are currently affected by poverty and exclusion (Tag der Kinderrechte Österreich; 2019). In early childhood a close cooperation between different stake holders is essential to prevent violence against children and infants. In summary, prevention work must be based on a multi-level concept (several actors or institutions participate). Appropriate measures to prevent violence must not/cannot only be directed at children/young people, but must also involve parents and the school in particular (Giacomuzzi, Velasquez-Montiel, 2017e).

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НАСИЛЛЯ ПРОТИ НЕМОВЛЯТ І ДІТЕЙ - ПРАКТИЧНІ НАСЛІДКИ, ЩО ВІДПОВІДАЮТЬ ПРОБЛЕМІ ПРОФІЛАКТИКИ

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У статті представлений огляд проблем дитячого насильства, широкий спектр його варіантів – фізичного, сексуального і психологічного насильства і т.п. Показано, що дитяче насильство володіє якістю трансгенерації, в тій чи іншій формі відтворюється в наступних поколіннях. Досвід насильства також є негативним предиктором насильницької поведінки, яка проявиться у вихованні власних дітей. Представлені показники епідеміології насильства. Дані дуже коливаються, наприклад, поширеність сексуального насильства коливається від 3% до 36%. Від сексуального насильства в основному страждають діти у віці від 6 до 13 років. Діти віком до 4 років найчастіше страждають від фізичного та психологічного насильства. До третини жертв сексуального насильства можуть проявляти відповідну поведінку по відношенню до своїх або інших дітей. Представлений огляд факторів, які предиспонують / ретардують формування дитячого насильства. Це такі фактори, як вік, стать, етнічне походження, наявність інвалідності та соціальний статус батьків. Профілактична робота повинна ґрунтуватися на багаторівневій концепції (беруть участь кілька учасників або установ). Відповідні заходи щодо запобігання насильству не повинні (не можуть) бути спрямовані тільки на дітей / молодих людей, але повинні також зачіпати, зокрема, батьків і школу.
КЛЮЧОВІ СЛОВА: сексуальне, фізичне та психологічне насильство над дітьми, епідеміологія та профілактика дитячого насильства.

НАСИЛИЕ ПРОТИВ МЛАДЕНЦЕВ И ДЕТЕЙ - ПРАКТИЧЕСКИЕ ПОСЛЕДСТВИЯ, КАСАЮЩИЕСЯ ПРОБЛЕМ ПРОФИЛАКТИКИ

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В статье представлен обзор проблем детского насилия, широкий спектр его вариантов – физического, сексуального и психологического насилия и т.п. Показано, что детское насилие обладает качеством трансгенерации, в той или иной форме воспроизводится в следующих поколениях. Опыт насилия также является негативным предиктором насильственного поведения, которое проявится в воспитании собственных детей. Представлены показатели эпидемиологии насилия. Данные очень колеблются, например, распространенность сексуального насилия колеблется от 3% до 36%. От сексуального насилия в основном страдают дети в возрасте от 6 до 13 лет. Дети в возрасте до 4 лет чаще всего страдают от физического и психологического насилия. До трети жертв сексуального насилия могут проявлять соответствующее поведение по отношению к своим или другим детям. Представлен обзор факторов, которые предиспонируют / ретардируют формирование детского насилия. Это такие факторы, как возраст, пол, этническое происхождение, наличие инвалидности и социальный статус родителей. Профилактическая работа должна основываться на многоуровневой концепции (участвуют несколько участников или учреждений). Соответствующие меры по предотвращению насилия не должны (не могут) быть направлены только на детей / молодых людей, но должны также затрагивать, в частности, родителей и школу.
КЛЮЧЕВЫЕ СЛОВА: сексуальное, физическое и психологическое насилие над детьми, эпидемиология и профилактика детского насилия.

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DESTRUCTION OF THE PSYCHE AND ITS LEVELING IN THE DEEP COGNITION

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Depth cognition of the psyche, performed while practicing psychodynamic understanding of the phenomenon of the psychic, can objectify a person's psyche destructions, caused by the dysfunctional relations in the family within the triangle: "father – child – mother". The abstract of the psychoanalysis presented in this article proves not only the role of the Oedipal dependences, which induce centrifugal force around the vicious circle, but also objectify the destructive consequences, which are expressed in a person's mental retardation, causing the balance violations between "the Libido" and "the Mortido" energies. The article objectifies the basic conflict "life-death" as well as the risks of its balance violation, which contributes to the development of the tendencies to importing the psyche and weakening the self-preservation instinct. The empirical evidence, presented in the article, verbally and vividly proves the interrelation of the depth aspects in their impact on the behavioral ones, which cause the psyche destructions, which need correction in the groups of ASPC.
KEY WORDS: depth psychological correction, ASPC, destructions, psyche, archaisms.

Problem statement. Destructions of the psyche can be not only generated by a person's unfavorable life conditions, but also they can be determined by the archaic heritage of the humanity: ability to sacrifice, striving to power (reign), underestimation of the other person's merits, tendency to suffering (masochistic inclination), guilt, the Oedipal dependences etc. Our long-term experience persuades that the platform of the family relations is often transformed into the battle place for the "Self" significances of the family people. It can make a child unfortunate and cause disfunctions and destructions of the psyche as dependent on the adults in the social, physical and soul aspects.

The goal of the article is to prove possible destructive consequences of the relations in the family, which arise out of control and conscious intentions of the family relations participants. This does not lessen risks of the mortido fixations and their consequential influences on a person's behavioral disfunctions.

The task of the article is to make an analysis of the humanity's archaic heritage with the aim to discover its influence on the extraexperiential psyche formations.

Presentation of the main material. Scientific generalizations of the 40-year research of the psyche depth-psychological parameters let us deepen the understanding of the unrealizable determinants, which are synthesized with the person's ontological acquirement including inherited universals, mutual for the whole humanity. Earlier we published the universal laws of the unconscious sphere functioning, which correspond to the laws of the Universe [0]. Efficiency of the archaisms has been known since the time of S. Freud, namely they are objectified by the mechanisms of the dreams symbolism (compression, replacement, hint etc), which carry cognitive-universal meaning.

Research in the classical psychoanalysis is mostly based on free associations and dream interpretation, while psychodynamic research is oriented at the objective parameters of the psyche inner tendencies cognition with the condition that they are objectified by a person's conscious activity. The latter contributes to moving to the observation sphere of the latent factors, which are transformed into subjectified presentments, that has needed orientation at a person's self-activity if there is an introduction of the self-presentment indifferent means into the research process. General orientation of ASPC at a person's involuntary behavior set the necessity of back up harmonization to catalyze a person's spontaneity. It is about objectified means (stones, modeling, toys, psychological drawings, reproductions of the artistic works etc.), which

contribute to receiving objective data, that minimizes their distortion by the defense system. It is important for the person not to be limited in self-creativity while choosing visualized means, offered by a psychologist, for his/her own representation. During last decade alongside with the author's psychological drawings, a special significance is given to the reproductions of the artistic works. Their usage in depth cognition showed a peculiar ability to catalyze motivation in their combination with psychological drawings "Tattoo" (a person's own one and "tattoo of guilt"). According to our hypothesis "Tattoo" drawings contribute to synthesized presentation of the psyche in the combination of the ontogenetic and phylogenetic factors.

As for the usage of the reproductions of the artistic works (in the combination with the "Tattoo" drawings), we support C. Yung's point of view concerning *art wakening a person's archetypical potential* by the emotional breadth of his perception. We observe people's characteristic manifestations for the generalized perception by means of "pictures". To discover their semantics it is necessary to have dialogical psychoanalysis which reveals differentiation and ranking of the sense parameters for such a perception type. Doing quickly and easily the task of selecting reproductions for the self-presentment (taking into account the tattoo psychological drawings) indicates availability of a person's archetypical readiness and capability to recode the psychic as an ideal reality into the hypostatized one (observed plane of the objectified world). Physicist W. Pauli emphasized the importance of "the pictures – archetypes" for the scientific researches, thus he wrote: "In the development of the scientific ideas understanding is a complicated and long lasting process, which takes the rational formulation on the account of the previous processing of their contents in the unconscious". Archetypes play an organizational role in this. They are the necessary connection which connects *sensual perception* and ideas, and they are an important prerequisite for appearance of the natural-scientific concept (see [0; 0]).

In the depth cognition we observe merging of an individual's personal characteristics with the transpersonal, suprapersonal. Let's recollect E. Neumann's point of view, who wrote that "… a conscious person is a late product, whose structure has been built at the earlier personal stages of the humanity development, from which his consciousness has been separated step by step" [0]. In our opinion, this separation is directly involved to *the transformations of the vivid-sensual perception into the verbal one*.

S. Grof in his work "The Cosmic Game" mentioned that "it is important to take into account both prenatal and transpersonal its aspects" for understanding the psyche [0]. The idea of the space unity is also presented in the works of the famous Ukrainian scientist V. Tatenko: "… the psychic is considered as a microspace, which, according to its scales, intentions, potencies, and also hidden mysteries does not yield to and sometimes it even prevails over the space, carrying its image in itself" [0, p. 15]. Due to the mentioned we are convinced that a symbol is especially closely connected with an archetype, and hence there is an ability to objectify the hidden and unconscious, including motives, set by the archaic humanity heritage. The latter is synchronized with the opinion of the Psychology History classic V. Romanets [0; 0]. His ideas find their development in the works of the prominent Ukrainian psychologist A. Furman, which methodologically touch the following: realization of the world, its symbolic essence, which requires consideration of the available double nature; secret contents (except evident) of an action and thought, which induce to search the new ways for psychological cognition, as "the inner is hidden behind the outer, and truth is cognized by comparison of the opposites". Any people creates symbolic images, proving that a person may cognize down to the archetypical depths" [0, p. 19].

Thus, archetypes are interrelated with the symbolization of the humanity archaic heritage. The long-term experience persuades, that the archetypes, except visualization of a person's psyche contents, *are able to objectify the logicality and order* of his/her experience. The latter proves the archetypical ability to recode the ideal (psychic) reality into a hypostatized one.

Going to the depth parameters of the psyche, as our 40-year experience proves, needs to create the research platform, which involves the following: behavioral spontaneity and usage of the objectified forms of self-presentment, contributing levelling of the psyche subjectivism, which is set by the defense system and harms (by the perception deformation

and understanding) of the person's adaptation process to the society. The results of our researches prove the availability of the psyche archetypical ability to recode the ideal psychic reality into the hypostatized one preserving the informational equivalents, which can be transformed into senses. We take into account the fact that the sense parameters of the psyche are inevitably connected with the unconscious, thus they can never be represented rectilinearly (by text) and, for sure, they need the research lasting in time, interpretational generalizations and correlation with each other via behavioural "steps", which in the combination contributes to understanding the sense meaning of a person's self-activity.

Our goal is to define the problem a person suffers, which is an unconscious (still stabilized) internal contradiction of the psyche. Objectification of the psyche destructions contributes to the person's persuasion that he/she can cause damage to himself/herself by means of the specific (individualized) subjectivism of the social perceptual perception, which becomes deformed due to the defenses to please the idealized Self.

In the depth psychology a special function is given to *a dialogue*. There are some peculiarities of the dialogue:

- It "brightens" the visualized presentment, selected by the person, it contributes to filling it with the emotively unique contents;
- It unites and synthesizes the conscious and the unconscious in the person's spontaneous activity due to the questions, which generate an activity impulse;
- It is based on the prerogative of the person's "free-going" activity and the dialogical prospect of "following him";
- It contributes to accumulation of the behavioral material for his sense correlation and further interpretation which is the catalyst of the diagnostical-correctional process etc.

A question can arise: "And how is it connected with the archaism?", that has been mentioned earlier. Archaism is present everywhere and it is firstly involved with the category "extraexperiential", which is integrated with the person's ontological acquirement, that sets motivation and spontaneous initiative of the behavior.

Cognition of the archaisms is connected with the discovering of the senses, it is important for a psychologist conducting ASPC to be able to read them. Motivational factors are often not only unrealized, but also hard to be understood by a person, but this does not lessen the imperative power of the efficiency manifested in the behavior.

40-year researches conducted by us in the format of the psychodynamic paradigm let us define that such motivational-archaic factors are first of all *the Oedipal dependences,* which find their embodiment in the phenomenon of *guilt.* We have an impression there is a priority of the phenomenon of guilt, which is rooted in the Oedipus complex. Guilt latently inevitably preserves the main stem of the connection with Oedipus, all the other archaisms (sacrifice, slave-submission, tendency to reign) are added to it. The latter distinctly proves the analysis of the masochism phenomenon.

Psychodynamic research does not touch such derivatives of the archaically-motivational formations as general tendency "to power", envy, jealousy, superstitions, fear, aggression, ego-eroticism etc. – all this is characteristic for the person's everyday consciousness in its archaic constituent.

Psychodynamic paradigm (with the 40-year genesis) "has not even considered" up to recently, that the category of "masochism" will help to find the answer to the problem of archaisms. To tell the truth, our books put us closer to discovery of this problem, namely: "Tendencies to the Psychological Death", "Self-Deprivation of the Psyche and a Person's Disadaptation", "Aggression" [0] etc.

In other words, there are some bases to state the fact, that a human's psyche has tendencies connected with self-punishment by impoting energy (self-deprivation) and reorientation of the aggression vector to oneself, which causes a tendency to the psychological mortification and feeling of devastation. The tendency to self-impoting comes into conflict with the necessity of the social self-realization as well as with the life instinct. The latter is represented in the poem by Valentyn Molyako, the academician of the National Academy of the Psychological Sciences of Ukraine:

Everything inside is mortified,
My sorrow has no limits:
I see a body, only a body,
Only a body, and no soul.

And my life is like anatomy,
When vanity eats everything up to the end,

When they look in a hostile manner –
And you see only bodies.

You will tremble with a cold perspiration,
Which is icy, like an icy shower –
How many people are hopeless around,
They are humans, but with mortified souls.

Who killed them? Were they self-murderers,
Who were dying in lies and feelings?
They had lost themselves and exchanged
At the markets, at work, and pubs.

And very often I feel horror,
When I see no signs of truth.
People run, and cry, and sing,
But it is evident: they are dead.

Our scientific research is connected with the results presentation of the psyche depth cognition empirics. That proves the synthesis of the human acquirement, the responses of which are expressed in the ability of the psyche to reflect itself both in the personal drawings "Tattoo" and "Tattoo of guilt". Originality of the methods is in the propositions to match the author's picture of tattoo and a series of the artistic works reproductions and rank them according to the significance to discover the essence of one and the other tattoos.

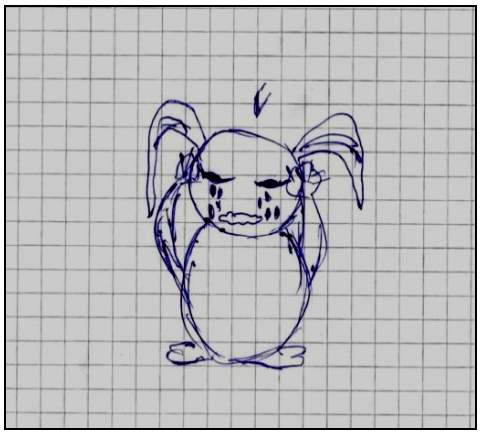

Fig. 1. Tattoo of guil

Here we give a short-hand record of the psychoanalytical session with the student of Cherkasy Institute of the Fire Security named after Chornobyl Heroes. A demonstration session took place (according to the invitation of the institution) in the assembly hall with the visualization of the process. Free will conditions were followed, when the student V. showed her initiative to make the proposed thematical psychological drawings of tattoos.

A short-hand record of the "Personal tattoo" and "Tattoo of guilt" drawings psychoanalysis (done by the respondent V.) in the combination of the artistic works reproductions, selected according to the emotive criteria in consistency with every "tattoo" drawing.

Organization of the depth cognition process. One of our tasks was the depth cognition sense of the "personal tattoo" and "tattoo of guilt" drawings (the psychologist tried to autonomize guilt from the respondent: in imagination it was put on a separate chair). The respondent V. was offered: a) to draw two thematical psychological drawings: "Personal tattoo" and "Tattoo of guilt"; b) to find a match from the artistic works reproductions for every drawing of the "Tattoo", which are emotionally consistent with the sense of the tattoo; c) to rank the selected (to "the tattoos") reproductions in the order of their emotive significance.

V. is a student of psychology, Cherkasy Institute of the Fire Security named after Chornobyl Heroes (March 2019, a demonstration lesson).

A session anchorman is a psychologist T.Yatsenko – (P.).

P.: What do you want to start with: with "tattoo of guilt" or with "personal tattoo"?

V.: With "tattoo of guilt" (Fig. 1).

P.: What feeling does this tattoo arouse of you?

V.: Negative, very negative.

P.: What presents this negative in the drawing?

V.: This is a hare sitting with the sunk ears, keeping his head and crying.

P.: Does it mean this hare is perplexed and desperate?

V.: Yes, it does. He has an open mouth – he is crying and shouting.

P.: If you saw such a hare, what feelings would you have?

V.: Embarrassment, I would feel sorry for him.

P.: Would you try to help him?

V.: I would, I would ask what had happened. Because this is not a pleasant picture.

P.: Why did you choose an image of a hare? He runs fast, he can care about himself rather well. How did it happen, that suddenly he had got such a trouble?

V.: He has made a wrong decision, he feels guilty …, now he has the results. He is very upset

and he repents. He blames the whole world that it has happened to him.

P.: What would you tell him?

V.: "Life is still going, and even if you have made a mistake, next time prevent it".

P.: Have you ever got such a situation?

V.: Yes, of course, I know it.

P.: Has anybody helped you to lessen your great tension? Have you coped with that yourselves?

V.: I have done it myself.

P.: Did you try to find anybody, anybody's help?

V.: In general nothing helped, I did not want anything and that was all… as if it was the end…

P.: Did you feel isolation?

V.: I did. I had some closedness in myself, I looked deep inside at myself.

P.: How long could you be in the state of suffering?

V.: It is still present up to now (as if it has moved to the depth) – it is easier now.

P.: Does it mean it has happened recently?

V.: Yes, it does. The next drawing is "Time" (Fig. 2).

P.: Did it happen that time on the one hand as if had stopped, but on the other hand – this figure wanted to wind it backwards. Did he want, perhaps, to prevent something mentioned above?

V.: Yes, he wants the events that have happened not to return.

P.: What feeling does this drawing arouse (Fig. 2), and where are you? And what are the action prospects for this person?

V.: The feeling is that nothing is going well for this man, who is trying to put time backwards. It is impossible. He understands himself, that no matter how great his desire might be, this is impossible.

P.: But does the person still reproach himself for he has omitted something in time parameters?

V.: Yes, he does.

P.: As ancient Greeks said it was very important to feel "place, extent and moment". If one loses the moment, everything will turn upside down. Have you ever had the feeling, that you have got stuck in such a state and you are moving around "the vicious circle".

V.: Not often, but I have had this feeling. Perhaps, just that dramatic situation gave a push to the desire to put time backwards that is the reason of this drawing selection.

P.: And to put time backwards, in your opinion, is due to the ratio (the hare in the Fig. 1 has a big forehead), due to the rational pondering, or due to "the depth of suffering"?

V.: Due to the depth of suffering.

P.: It is evident that it has happened that feelings has captured you.

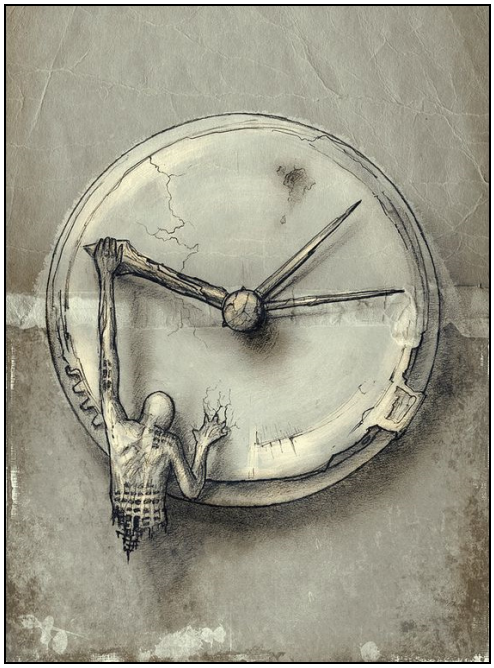

Fig. 2. Author and title are unknown.
The respondent's title is "Time"

V.: Yes, it has. The next drawing (Fig. 3 illustrates this state) – "Sinful Angel" is very distressed.

P. What is this person suffering?

V.: Grief. For me this drawing characterizes falling down, weakness, hopelessness, grief, feeling sorry for something, disappointment because of what has happened.

P.: The thing, that there is really one angel's wing, and the other one is damaged, indicates that something as if has come out of your control. You have not predicted, you have not realized "where it has come from", you could not catch the moment to predict it, and thus you considered yourselves being innocent.

V.: I cannot say I have considered myself completely innocent. I just did not think, it could have such grave consequences. As if my wings were breaking – I sharply felt it.

P.: It means that you have no direct feeling of guilt, but the consequences are distressing you. Because you have omitted something somewhere, so we have such a drawing (Fig. 3). It is not surprising there is that clock (Fig. 2) – as if it stops

time of the life advance. How long have "this stop" lasted?

Fig. 3. T. A Kopera, unknown title.
The respondent's title is
"Sinful Angel"

V.: Unfortunately, it is still lasting.

P.: It means that you are not free of the situation illustrated by "tattoo of guilt". Have you experienced the similar state, or it is just a metaphoric-symbolic drawing (Fig. 4)?

Fig. 4. Psychological drawing, made by other participant of the ASPC group

V.: This drawing resembles "tattoo of guilt": a girl is crying, her eyes are closed – she does not see many things. And this table is as if her shelter, she is not understood or supported by anybody. The girl is alone.

P.: What does this drawing resemble (Fig. 5)?

V.: It resembles Jesus Christ, who has been crucified. Here (Fig. 5) this person blames herself for some sins and internally "crucifies herself".

P.: Was the suffering an internal comfort, as if it (such suffering) excuses you in something and even raises you in your own eyes? Was it as if you were rising to "a pedestal" (Fig. 5)?

Fig. 5. A. Marcus, unknown title.
The respondent's title: "Self-Crucifixion"

V.: No, it was not. This experience does not decorate me in any way, **this is as if a sentence.**

P.: What are the differences between this person's feelings (Fig. 5) and the hare's ones (Fig. 1, "tattoo of guilt")?

V.: The hare shows his tears and grief openly, and the person had a closed face for nothing to be seen. This is a concealed internal suffering, and it is the hardest one, this is the feeling of deadlock, and therefore hopelessness, this is pressure that comes from inside.

P.: Here it is the next drawing (Fig. 6). Again we see a human or an angel with the broken wings. She is innocent, evidently pure, without any evil intention, but is she *suffering and has no prospects of flying*?

V.: It is not that she is pure … She just has had to put off her angel's wings and now she is crying over them, because she has needed them, and now she cannot use them … she has had such circumstances.

P.: But is she crying she is sorry she has had *to put off her angel's wings*? Maybe she has been led to this state? Because she has risen over something using them very high and therefore she has lost something form the life realities – this is my hypothesis. What will you say?

Fig. 6. Author is unknown. Angel with the broken wings

V.: Yes, this is really so! These angel's wings have not very seldom disguised something and provided high rising over other people.

P.: Then the girl, rising over the reality, could not manage the reality of the circumstances that caused disappointment and the state of suffering?

V.: She did not subdue her ambitious needs. She could not block or neutralize them. "If you give your heart freedom – it will lead you in slavery". She has allowed herself to have such freedom, flew to the wrong place, owing to the wings, and as a result – we have what we have …

P.: Is this person (Fig. 7) your image?

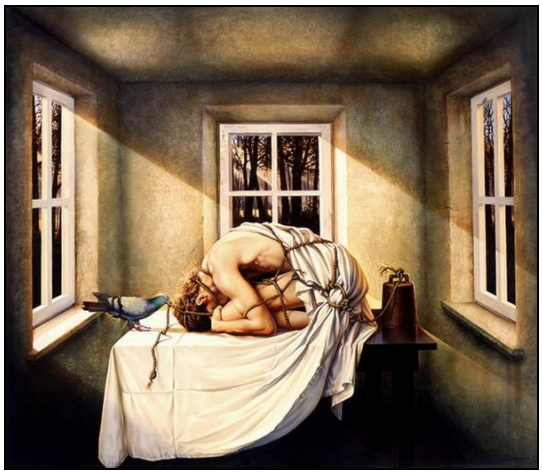

Fig. 7. Z. Zademack. Small assistant

V.: Yes, it is me. Here *guilt* is connected with the burden, which pulls down (to the right on the table), and a bird is my friend who has anyway supported me and she wants to pull me out of this state, but at this background she is only a bird, i.e. she has no power!

P.: She has no power as compared with the hardness of the state felt by this person. If we consider a bird as a symbol of nature, we will see that nature is wiser than any human problems. Did you have the situation that your friend tried to give you support? Or had she no power at all?

V.: Yes, she tried. At first she did not support me at all, but later she changed her mind and decided to support, but for me that support was too small and unnoticeable. I wanted bigger support and according to other parameters, in other place and in other direction.

P.: Was it possible, that your friend was glad that you had burnt your wings? Was it because she could not fly so high herself, as you managed to do? Did it happen, she might envy that you were a beauty and had such "flights"?

V.: Maybe, I am not sure.

P.: Where do you feel in this drawing (Fig. 8)?

Fig. 8. O. Hochare, unknown title

P.: It is very interesting: you are drowning in yourselves and in your own tears. Now you understand it, and it will not be so traumatic for you, and it will be familiar, rationalized. Due to this understanding there will be less "self-damage", you will bring destructive energy out through ratio and waken your own self-preservation. Now we have this drawing (Fig. 9). As we see the figure is pulling some burden – evidently, it is some experienced life troubles, fixed in the energetically saturated traces (fixations). The burden on a rope is archetypically the symbol of a navel-cord. Is this situation connected with the blood relatives?

V.: No, it is not. This is my personal intimate experience.

P.: If so, there may be some transfers from your relatives, i.e. from your primary libido objects. For example you dated with somebody who resembled your father, your brother or somebody else psychically significant.

V.: He does not resemble anybody of my relatives, but my "first love".

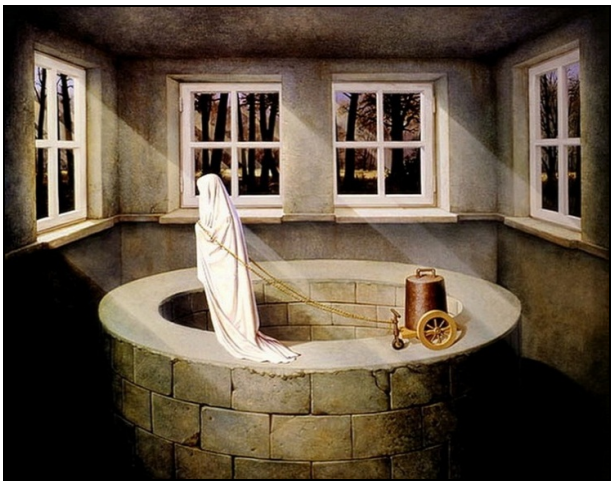

Fig. 9. S. Zademack. Kreisläufer (Circle Runner)

V.: Inside, these are my hands out of water. It seems I am drowning in my tears, in my grief (it is all Self).

P.: Yes, if it had been emotionally strong, it made a fixed center which stimulates the desire to find a substitution for him. And some period you thought that you had really found one. And you believed. It seemed you "were flying" as "a light angel"?

V.: Yes, that was true. In general, this drawing for me resembles the person, who is standing over the abyss and wants to make a suicide.

P.: Did you have such thoughts or only feelings that life was coming to an end?

V.: It was not just thoughts. There were even attempts of a suicide, but it turned out to be not so easy. Later, when I found some information (about that person), I understood it was fool from my side (I could become an invalid). And I am sorry about it and, thanks God, that everything has turned well. I am well and I am sitting here and working.

P.: It is good you have come to this demonstration lesson, and now you will trace the similar destructive tendencies and will be in greater safety. It is so interesting what we have just talked about. The next drawing (Fig. 10) illustrates something similar. It goes about love, which evidently has taken place. But, since the girl is bound by the chains ("navel-cords"), then does this problem not set you free?! These are some remaining chains from the experienced trauma. When you already know it you can smile (and not to fall in such suffering). Well, it is good you have had your first love, and it has brought you some experience, but further live a free person. You have experienced so much up to now!

Fig. 10. K. So, unknown title

V.: Though the guy looks like my first love … I am with him up to present. After all I have experienced I will appreciate it more. But I have a feeling of guilt before him. And simultaneously, I have a grievance on him for his actions and all this together. It is all mixed in me and keeps sitting. To tell you the truth, it is not so stressful as it has been at first. It is coming away little by little, but still it can return and capture me.

P.: Cannot you discuss with this guy the problems we are talking about?

V.: We agreed not to discuss this because this causes a quarrel.

P.: Does this mean you keep dating but live with the "frozen" wound, which you have experienced?

V.: Yes, that is true, and to touch it is undesirable.

P.: Who caused this wound?

V.: I did it myself. And later he added to it by his behavior.

P.: It is necessary to understand that nobody in the world can hurt us so much as we can do ourselves. It is because we are the closest to ourselves. There is also a power of projection when guilt is thrown [projected] to the other person.

V.: It is not that I wanted to throw this guilt to somebody, but there was a situation when I wanted to think it was not my fault …

P.: To think who is guilty, either you or he means to walk around "the vicious circle". The most important thing is to informationally read the situations in which you happen to be for preventing them. The next drawing (Fig. 11) proves the availability of your tendency "to return to your mother's bosom". And then there is a need of self-birth, which gives a feeling of power: "I could do self-establishment". But the burden of the problems causes the tendency "to psychological death", that is why your today's psychoanalysis is so important. The next drawing (Fig. 12) shows, that you have not rationally strengthened yourselves for your steps in the future to be free from a speck of risk. It is because the girl is standing on the cornice, from which a rope is hanging (a raven is sitting on it), one can step on it. That means there is a risk you will not have the grounds for self-preservation.

Fig. 11. Photo M. Mawson from the series "Under the Water"

V.: Does that mean that I am ready to die only not to make the same mistake?

P.: It is possible to realize and understand that we live only once and the fact that you fell into the tendency hands being between life and death should be a difficult but reliable lesson for you. It should prevent you from making wrong decisions and hasty steps. You need to keep the fact of your self-conquest. Of these two tattoos, you have chosen, first of all, the "tattoo of guilt". You feel that you are a central link of it. You feel guilty, first of all, about yourself.

Fig. 12. Author and title are unknown

V.: Yes, I understood this during our work. Now let us consider "personal tattoo" (Fig. 13). This is a snake, Gorgon. Cobra, it has some little snakes out of its head.

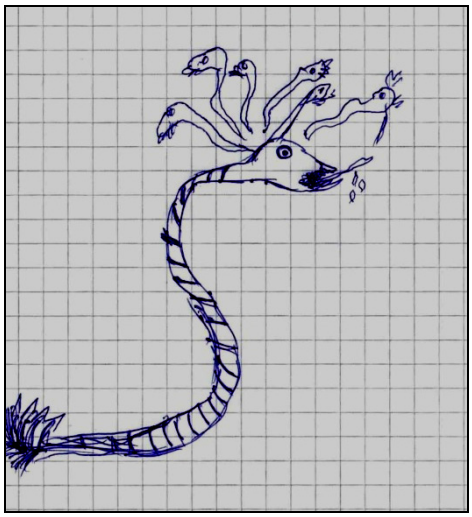

Fig. 13 Personal Tattoo

P.: The snake's symbol has a "mortido" (destructive) meaning: the intelligent, but, is directed either to revenge, or to be burdened with its self-recrimination. Why does it have such an unnatural tail?

V: It's like a club, a switch with steel thorns, it is capable of striking someone. It can hit at someone.

P.: So, would you like to revenge?

V: Not exactly (I needed to protect myself, perhaps, from myself), but I wanted revenge as well.

P.: Where would you get this tattoo?

V: On the hip or on my belly.

P.: Do you want the other people to be afraid of you?

V: Yes. I want to be stronger, that's right. I do want people to be afraid of me.

P.: So, there is an illusion: "when I am evil, I am strong and secure." But in reality, the greatest force is not in the "darkness", but in the "sun".

There is no life without the sun. That is, life is in the energy of a libido, which is needed for yourself and for others. Just imagine how you would scare the boy if he saw this snake on your body. In the following drawing (Fig. 14) there is a girl who cut her wing. How do you understand this picture?

Fig. 14. Unknown author. Angel

V: I feel as if I am cutting off my wings, one of them has been already cut. It happened due to my imbalance and aggression. It is finished in picture 6

P.: So, you confirm the hypothesis that a person is more harmful to himself or herself than anyone else. There were similar drawings: Fig. 3 and Fig. 6. It turns out that we accuse others of our own failures and do not notice how we injure ourselves. And it breaks us down. Strength is inside of us and in our knowledge of what is happening to us. We must follow the way of consciousness, but not suffering. Everything that happened in life stipulates the fixation of the mortido energy. The logic is the following: "If I can do this to myself, then others must be feared of me." Tell us what you see in this picture (Fig. 15).

V: I feel both a demon of anger, and a helpless angel. Everything depicted in the picture I have inside. In some circumstances I hesitate and the demon wins. And on the contrary, I remain an angel when I have to be tougher, and this is my vulnerability. Therefore, obviously, a girl in white has only one wing fully functional.

P.: Do you feel a certain dissonance of behavior – "out of place"?

V: Yes. Where it is necessary to be tougher, the white angel appears, and vice a versa, something demonic, black appears when I must be tender.

P.: Perhaps you are afraid that you cannot overcome the cruelty of the opposite side. Therefore you are adjusting so that not to suffer from the force that is "on the other side" of yourself.

V.: It's really so, I knuckle under.

P.: How often do you feel these images inside of you? Do you feel that you are their carrier? Is it your essence?

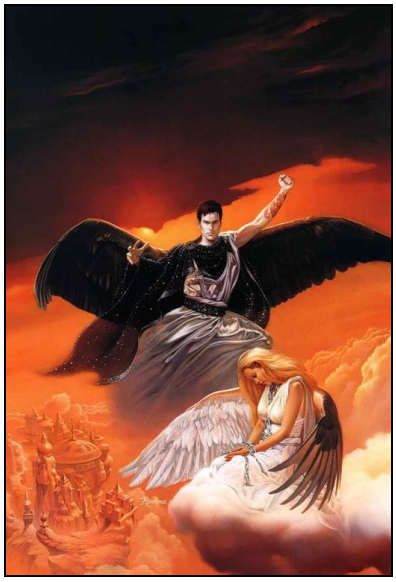

Fig. 15. R. Morrill. War in Paradise.

V: No, they are sitting separately; I do not feel them together (either ..., or ...).

P.: "Either ..., or ..."? Are you an angel or devil?

V: They are together, this is so, but they appear separately. I can say for sure that they don't exist in their pure form: I can be purely neither a light angel, nor dark devil.

P.: How are you represented in your family?

Q: In my family? I am the devil, definitely.

P.: Who feels it? Is it your mother, father or anyone else?

V.: I think, both mom and dad. I am the devil with them. And other relatives see me as an angel.

P.: So, do your family members see you as the devil?

V: Yes.

P.: So, are you protesting against something? Is there anything unacceptable?

V.: Yes, there is something that is unacceptable for everyone.

P.: When did you start to feel it?

A: Approximately when I was 15.

P.: Was there a certain event or the reason that you suddenly felt so?

V: No. My mother was not involved in my upbringing when I was a child. Usually, my aunt, grandmother, our neighbor, or someone else spent time with me.

And when I was 15, my mother changed her job, became closer to me and started to parent me in her own way. I got used to a gentle treatment, but she took an authoritarian position and didn't care about my desires. My mother began to impose such upbringing as she had been brought up.

For me it was unacceptable. And it is still unacceptable.

P.: Can you admit that you have had such experience with a "mother-black devil" since childhood?

V: Yes. She sees me as the devil, and I see her as the devil as well. That's the "vicious circle".

P.: It turns out that you did not like the devil's nature of your mother. Did you, in order to withstand, form the devil inside?

V.: Yes, that's right.

P.: Then you pay dear for your mom's tactlessness. You pay dear for your childhood as well.

V. I understand, I can't but continue doing it. It goes without saying.

P.: So, it means that your mother is very important for you, if you let yourself to be wasted. Being the devil, you become identical with her.

V.: Yes, it's true but sad...

P.: You are wasting yourself. The beautiful image of a gentle lady (woman) is being disappeared! Your mum seems to tie your hands, and then you obviously do not do anything, you are not active.

V.: I do not like to be told what to do. I understand that mom is trying to do her best, but I want to choose what to do myself. I am often deprived the right to choose. They all decide for me because they think they know better and want better for me, but I want to choose myself. Even if it is wrong, I will realize my mistake and fix it. I will do it properly. I am not going to admit the advice like: "do what we say or..!"

P.: Do your parents think they are not blessed with their daughter?

V.: Yes, I feel it though I am ashamed of it.

P.: Do you have the same thoughts concerning (mutually) your mother (or your father)?

V: Sometimes I think that I was not blessed with my mother. But then this thought disappears and I continue thinking that she is a good person and I love her, despite of our quarrels.

P: So, are you constantly transferring into a light figure (Fig. 15)?

V: Yes, I am.

P.: Are you transferring into a light figure more than your mom?

V: I do not know. My mom also loves me and shows it.

P: So, both of you love each other. Is there anything dark in your relationships?

V.: Yes, and it is constant like fate.

P.: Now we are talking only about mother, although you said that your mother and your dad were on the same level. Is your mother more significant for you?

V: Dad supported me, even when my mother was not right. But then they began to quarrel. My dad supported me, my mother shouted at him, and, as a result, I decided not to quarrel with my mother, because he often took her side.

P.: Could feel that your daddy betrayed you?

V.: Sometimes I felt lonely in my family. When I realized that my parents could divorce, I made up my mind to it. I didn't want them to divorce.

P.: Perhaps you have instigated your mother's attacks to make sure your father protected you in order to prove his love. Did you hope for that?

V: I hoped he would support me, because I felt lonely and suppressed.

P.: For you "love" means "support". Speaking about your personal relationship, was there anything like that in your relationship? Why did you behave so severely? Did you expect support and complacency from your partner?

V: No. My boyfriend always supported me. There was something different.

P.: So, what's the problem?

V: Because of his mistakes. In his company I am always a "white angel". I am not the devil, even if I do not like something, I save my face.

P.: If you are an angel, then why have you caused such a dramatic situation, which we discussed before?

V: When I am with him, I am an angel, but my hands are tied (as in Fig. 15), and when we are not together, I become the devil with knives. I am very evil devil. When I am aggressive (in the presence of my boyfriend), I am trying not to show it and keep calm ("I tie my hands"). Because I'm afraid, he may not like it.

P.: You are wasting so much energy to control it! Do you have to control and restrain yourself constantly in anything, even to mortify?

V: Yes, I do. And even if my mother is not right, I try to restrain myself in my relations with her.

P: It's hard, a lot of energy is being wasted ineffectively, because you feel that you're losing yourself. As if you are not yourself.

V: I do not know what it will result in but I have to mortify my emotions, and it's difficult.

P.: Maybe, you will be a good actress in the future. But the question remains: why is a bunny in tears ("tattoo of guilt", Fig. 1)? If you can fix situations so why .are you in feeling all this?

V.: (Fig. 1) I am depicted in that picture when I was making certain mistakes.

P.: So, did you feel like that?

V.: Yes, I did. I felt it, I know what it means.

P.: Let us consider the following picture (Fig. 16). Such a beauty is looking into the mirror and sees something mortified. You're losing yourself. If you suppress your emotions and mortify the "black devil", it turns out that "you are not yourself". It means mortification! Then you feel that your mother, who does not accept you as you are, instigates you to mortify something in yourself. Of course, it will never come to your mother's mind, she believes she is making your behavior correct in order to make your life easier, she also does not have any idea about mortification.

V: Her position is the following: "Let my daughter be a little girl and live with me comfortably. I don't want her to think herself, make decisions and be brilliant." She wants to prevent me from making mistakes. But I want to analyze what I do and how do I do it myself. Even if I do something wrong, I want to analyze it myself in order not to do it in the future. I do not want to be taught.

P.: What drew your attention to this picture (Fig. 16)? And what is represented here?

V: As if I am looking in the mirror and do not recognize myself: "is it me or not me." As if an angel is looking and sees the devil.

Fig. 16. S. Jersey Mirror of Self

P: You really wish there were no "black" devil (skeleton). You want, but you cannot, because it turns out to be "very much alive." Indeed (Fig. 16) you feel that if you are the devil (aggression, tension, and strength), he will either revive [the skeleton], or you will be stronger.

V: Let us consider picture 17.

Fig. 17. Unknown author.
The Cat in the Mirror

P.: Looking at the cat, we see that you are still a little and tender. It seems that there was a lack of care and love. Perhaps you spent your early childhood with your grandparents or other relatives, and now you want to feel like a cat by your mom (Fig. 17). But when you are such a cat, your mother can turn into a lion and "show" how it should be. That is already known to you. This "lack of

attention" generates the unsatisfied potential of the child, which would be nice to fill, but, obviously, it does not work out.

Your mom awakens this devil in you, but you neither want to be the devil nor can freeze in a kitten. As a result you become a skeleton (Fig. 16), mortifying yourself through the actualization of the mortido energy. Now you will understand that if you mortify something in yourself, it will deprive you from the opportunity to become such a lion. This "skeleton" (Fig. 16) cannot become a "lion". We must think much our potential and harmonize through its optimal implementation.

V: While listening to you, I have realized much more, and understood how I complicate everything. Let us consider the following drawing (Fig. 18).

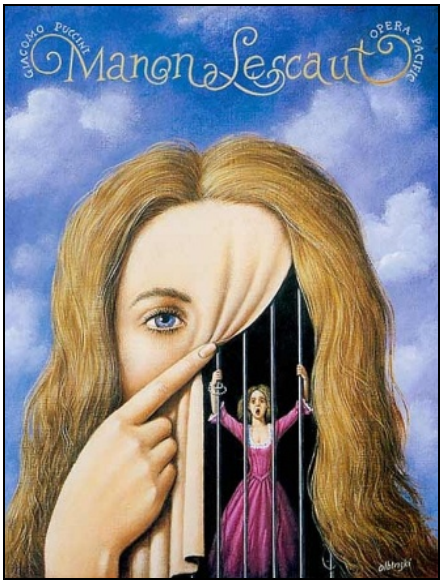

Fig. 18. R. Olbinski.Opera poster G. Puccini «Manon Lescaut»

P.: It is very interesting; I have just said that you have something like "the lack of attention", something that your mother didn't give to you in your childhood. Indeed, all the problems with your mother are due to your having been in the child's image so far. You are like being in your mother's womb. And it turns out to be a delay in development. You feel like "a kitten" (Fig. 17). But you are an adult and a beautiful lady. You don't want to be "a kitten", do you!?It is clear that you are looking for strength in the devil, in mortido, in that snake ("personal tattoo"). You see your mom as in the tattoo (Fig. 13). You depicted it as many small snakes being climbed one after another like thoughts. It means that "your mother and your Self are the complete whole". But to depict a mother as a snake means to be blamed, because "all of us have to treat our mothers well." By this (through a personal tattoo), a negative attitude towards the mother is masked and removed, when (in depth) you are inseparable with her: "I am inside of her, I am her essence." Being behind the bars (Fig. 18) indicates a delay in development, in the progress of socialization and the professional success according to your potential. That's why you often need your own experience. You feel that there is a certain delay in your own development. And then you behave as a rioter. Obviously, your mom realizes it (your being not adapted) and therefore is afraid of you. A "vicious circle" is generated. You are standing at a certain crossroads (Fig. 19). You wish your parents had been together, perhaps, to not be involved in.

V: I wish I had not caused it. I wish it had not happened at all.

Fig. 19. J. Warren. Welcome to America

P: So you want to reconcile something irreconcilable in yourself, you want to make a single (holistic) image of yourself. What did you see in picture 19 when you chose it? What does it symbolize?

V. This drawing illustrates my confusion. I do not know where to turn my head, as if my face is looking around.

P.: Like in a fairy tale: at a crossroads of three roads. That is, a person cannot identify himself?

V: Not exactly. Sometimes I feel that I do not know what to do, I feel confused. Something is tearing me apart, and I am shocked. It seems to me that I am disappearing as if I don't exist.

P.: Participation in psychological correctional groups contributes to the development of the social-

perceptual intelligence. And here (Fig. 19) the intelligence (forehead) has been brought to nothing, but the soul is suffering. The black glove is pointing to it. Is this black hand yours or anybody else's one??

V.: It is mine. It indicates the "darkness of my soul".

P.: So, there is a problem you are experiencing, but it's difficult for you to solve it. You want to solve it, but you are constantly being trapped in certain internal tendencies and resistance. You are still being closed and isolated, you cannot overcome the "bars" (Fig. 18) to get into the society. In order to do this you need to be free now. The next picture (Fig. 20) points out that you should find the balance of white and dark inside of yourself. Look at this picture, where are you? Are you down the line, in the light, or in the dark?

Fig. 20. The author is unknown. Yin yang

V: In the middle (down the line), where they merge, I am the line between...

P.: It turns out that you cannot identify yourself, because you are the line between white and black. Fixation on parents is blocking your personal development. Being only a border line, you are neither "here" nor "there" (let us remind figure 15): between a black and a white angel.

V.: Yes, it's true. Picture 21 has shown already that I am in the middle and synthesize both parts.

P.: Are you on the border or in the middle again?

V.: Yes, I am a mixture of these two (as in Fig. 20). My father is a light part, my mother is a dark one.

P.: Now we are following the tendency of your fixation on your parents. You are trying to get something independent (autonomous), but it is, basically, only a mixture of one with the other. Your father gets into the light part, and your mother into the dark one. And since the child has been inseparable with them, it turns out that this inseparability forms the bars (Fig. 18).The captivity behind these bars has been caused by the fixation on your parents, especially, on your mother. You argue that the skeleton is vitalizing "mortido" energy. You have to work out the material in order to identify your behavior. You have to identify what part is speaking and what part you would like to say goodbye. Your personal development as an adult has been in danger, especially intimate relationships improvement. You may be both "white angel" and "black one". You cannot realize your potential down the "golden mean" line, therefore: "either ..., or ..." leads to self-mortification: picture 22 is similar to picture16. It seems you're sacrificing yourself due to the unrealized love for both parents. What does this drawing (Fig. 22) allow you to tell?

Fig. 21. G. D. Eksioglu. Coffee with Milk

Fig. 22. Y. Philipenko. Cat ladies don't Cry.

V: This picture shows that I seem to be good, but everything has been already mortified inside of me, as if I was not alive. I need this kindness for survival. It was a feeling as if I were not alive. Now it's clear that I am mortifying my dissatisfaction and aggression.

P.: Did you have to mortify it in order to be in harmony with your mother and father?

V.: Yes, I did, but there were many other situations with other people in my in life. I suppressed myself through the mortido revival and as a result, I felt exhausted and devastated, as if I was already dead. The site of fire was being replaced by ash.

P.: So, does it mean that many situations in your life awakened a fatal (destructive) energy but you suppressed it (mortified) ?!

V. This "devil of destruction" appeared to protect me and to show strength, that I cannot only be an "offended bunny" (Fig. 1), but also I can frighten another (or others). (I have an insight: this mortification has been caused by the reluctance to be a fearful bunny). That's why the snake spews venom in various ways (see "personal tattoo", Fig. 13) and therefore has a lot of small snakes on its head. It looks terribly, but not surprisingly, this is the revival process. In order not to be mortified inside, the snake has to start acting, otherwise I'm fated (Fig. 22). Snake comes from the skull!

P.: Do you think you scared your boyfriend with your behavior? And does he have any ideas about your internal conflicts?

V: He said that I could be quite different sometimes. He sometimes does not recognize me. As if it's not me.

P.: Would like to be positive and good?

V: No, it is not necessary to be always good, sometimes you have to "fight back" and to be cruel in order to remain yourself at the same time.

P.: Childhood problems are being manifested in relationships. A corrected person is always free from internal conflicts, having mostly positive relationships. The next drawing you have chosen (Fig. 23) indicates (according to the archetype) the non-birth. If a person has not been not born, it means, he or she is dead. There is no realization of your own potential in some cases. Mortification is connected with that fact that your potential has not been born. It is clear why you are aggressive with regard to your revival. By mortido force you seem to break the shell of your self-restraint. It means that you are interfering with realization of your own potential, both in intimate relationships and in the professional self-realization. Now you get convinced that in certain situations you have to get the ability to remain calm. If you keep calm, your mind will be strengthened so that you find the best ways to harmonize your relationships. You have chosen this picture (from numerous reproductions). What does it symbolize for you? What does it depict?

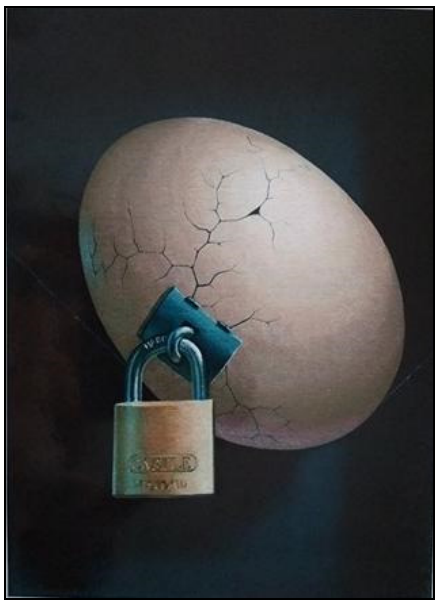

Fig. 23. The unknown author and title.

V: As though I'm sitting inside and want to escape, because the shell is cracked. But a heavy lock does not allow me to do it. It does not allow me to get free. That is, I'm locked inside of myself, I want to get out, but something is preventing me from doing it. Indeed there is a feeling of the need for a self-birth! As if for a long time I have been harassed by my mother.

P.: Have you created this lock? The law is the following: everything that is sitting in an egg will spontaneously come up, there is much space to come up and step out. But in order to be protected, the psyche is trying to dig into a "uterine" state (Fig. 8, Fig. 11, Fig. 18, and now Fig. 23). It is high time to "be born", but there is some delay. Being an adult "you are still in your mother's womb". And you feel guilty. You can make an effort and be born yourself. Why have you chosen picture 24?

V.: This is me. I am balancing between emotions and mind. Sometimes I ruin everything with my emotions, but then I realize that I shouldn't do it. Or vice versa: I thought I had acted correctly, but then realized that at that moment I had to focus on

emotion, not on the mind. I am constantly balancing and, as a rule, it's a "miss" again!

P.: Is there no "golden mean" in behavior? Emotions do not work for the mind and vice versa, there is no balance and synthesis, there is no "golden mean". The tattoo on the man's back may mean that your father is the ideal of your psychological development in life.

V.: Yes, he is more cool-headed. I would like to get this trait and he approves it.

Fig. 24. Unknown author. Tattoo «Weighing Mind and Heart»

P.: Obviously, picture 25 symbolizes what you are afraid of, in order not to be so helpless, insignificant and thrown away.

V.: Yes, it really is very undesirable for me. I felt it in my relationship with my mother more than once.

P.: Did you experience such feelings in society?

V.: Yes, I did. It was quite unpleasant and certain situations injured me. I do not take it hard, because there are more serious problems in my life. I just put it into my pipe and smoked that I should avoid "such hands". I do not want to deal with such people at all. Communication with them leads to the condition depicted in picture. 26. I am sitting inside and hiding, I don't leave my home.

P.: But the man depicted beside looks like a little devil with horns and hooves. That is, you are provoking such "gestures" as in picture 25.

V: No, I am not. Such behavior helps me to feel strong, but against this background I am just a little devil.

P.: So, due to your desire to be strong you got into hot water. And after the situation depicted in picture 25 some reflection appeared. In picture 26 an adult is thinking: "Why is it so?" And the crooked little child, once again hints at the mother's womb return tendency (inside the head).

V: At first, I wanted to refer this picture to guilt because of thoughts that arise under its influence.

Fig. 25. The drawing made by ASPC group participant.

P.: During the analysis, I was choosing the other drawings, previously related and classified as referred to guilt. It turned out that everything is interdependent!

V: A teddy bear, a child's toy is sitting next to the child.

P.: It hints at your regress to childhood!

V.: Perhaps this happens due to my guilty behavior. I chose this picture as an illustration of thinking. It can be entitled "Suffering thinking"! A smiling face is a mask that I am wearing to mask...

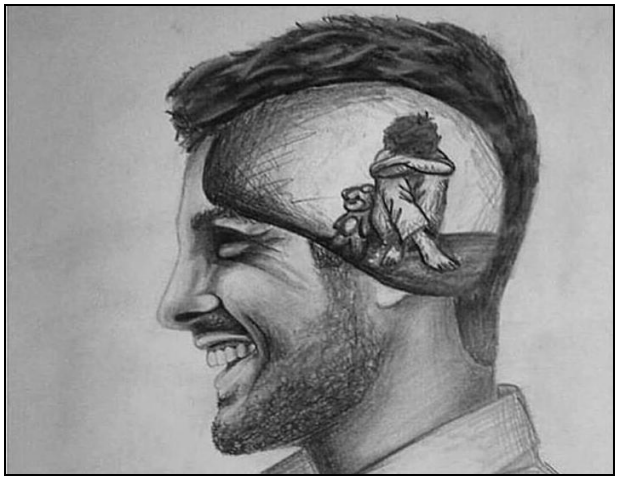

Fig. 26. The author and title are unknown
The respondent's title is "Suffering Thinking"

P.: The following picture 27 illustrates self-birth as if "from the ground." The Earth is an archetype of the mother, and here is a crater. You want to be self-born. I have only showed where you can inhibit yourself from this desirable development of self-birth. Good luck!

Fig. 27. J. Warren. Volcano girl

V. Thank you! Previously, I have had no idea about what I found out. Now I can self-reflect consciously. I will understand what tendencies I am captured by and where I am going to: either to the skeleton (Fig. 16), or turn back, into the womb and self-deprivation (Fig. 26). Sometimes I'm afraid if I find thy way out. Now, I will be more confident in life, because I realize that problems don't occur due to circumstances. I am keeping them current under the particular circumstances. After our session, I will be able to recognize my destructive tendencies and try to prevent their occurrence! I am sure that I will become calmer. This session gave me the opportunity to get free from the emotions that captured me. Thanks a lot! It is unforgettable and I am sure that my mind will work for me. It is my self-development and growing up on the way of self-realization.

Conclusions. The article "A person's behavioral destructions and their correction in the depth cognition of the psyche" objectifies the depth of the mutual influence of the family members on the formation of latent factors. These factors have the energetic influential potential on the harmonization of "mortido" and "libido "energy" in a person's behavior. The harmonization complexity of these energetic introjects has been complicated by their synthesis with the meanings given by the primary libido objects. Therefore, the introjects correction is complicated by the replacements effects of one or more of the primary libido objects. That is why the psycho-correctional reconstruction of the behavior is exposed to the libido objects separation. The latter is also associated with rigid behavior, which is interfering with a person's adaption in society. We have found out the tendencies of transferring the forms and style of relationships with the primary libido objects to a partner. The APSC fragment, presented in the work proves the possibilities of procedural diagnostics and correction while meeting the requirements of ration and multilevel implementation.

The aim of the diagnostic-correctional process consists in reorienting the mortido energy into the libido. The latter opens prospect of a person's approaching to a life-affirming position on the basis of self-perception and leveling of destructive tendencies which had been stipulated by fixations of the childhood period development.

The self-preservation instinct revival is being harmonized with the formation of diagnostic and correction abilities of self-help and auto-correction. It promotes social-perceptual intelligence development and opens the prospect of a comprehensive self-realization of inner potential.

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РУЙНУВАННЯ ПСИХІЧНОГО ТА ЙОГО РІВЕНЬ У ГЛИБИННОМУ ПІЗНАННІ

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Глибинне пізнання психіки, здійснене під час практики психодинамічного розуміння явища психічного, може об'єктивувати руйнування психіки людини, викликане дисфункціональними відносинами в сім'ї в межах трикутника: «батько - дитина – мати». Резюме психоаналізу, представлений у цій статті, доводить не лише роль Едіпальних залежностей, які індукують відцентрову силу навколо порочного кола, але й об'єктивують руйнівні наслідки, які виражаються у розумовій відсталості людини, викликаючи порушення рівноваги між " енергії лібідо ”та“ Мортідо ”. У статті об'єктивовано основний конфлікт «життя-смерть», а також ризики порушення його балансу, що сприяє розвитку тенденцій до імпорту психіки та послаблення інстинкту самозбереження. Емпіричні докази, представлені у статті, усно та наочно доводять взаємозв'язок глибинних аспектів їх впливу на поведінкові, що спричиняють руйнування психіки, які потребують корекції у групах АСПК.

КЛЮЧОВІ СЛОВА: глибинна психологічна корекція, ASPC, руйнування, психіка, архаїзми.

РАЗРУШЕНИЕ ПСИХИЧЕСКОГО И ЕГО ВЫРАВНИВАНИЕ В ГЛУБИННОМ ПОЗНАНИИ

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Глубинное познание психики, осуществляемое при психодинамическом понимании феномена психического, может объективировать психические деструкции, вызванные дисфункциональными отношениями в семье в рамках треугольника: «отец - ребенок - мать». Резюме психоанализа, представленное в этой статье, доказывает не только роль эдиповых зависимостей, которые вызывают центробежную силу вокруг замкнутого круга, но также объективирует разрушительные последствия, которые выражаются в умственной отсталости человека, вызывая нарушения баланса между «энергии либидо» и «мортидо». Статья объективизирует основной конфликт «жизнь-смерть», а также риски нарушения его баланса, что способствует развитию тенденций к импорту психики и ослаблению инстинкта самосохранения. Эмпирические данные, представленные в статье, устно и наглядно подтверждают взаимосвязь глубинных аспектов в их влиянии на поведенческие, которые вызывают психические разрушения, нуждающиеся в коррекции в группах АСПК.

КЛЮЧЕВЫЕ СЛОВА: глубинная психологическая коррекция, ASPC, разрушения, психика, архаизмы**.**

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COMPLEX OF METHODS OF IMAGINATIVE PSYCHOTHERAPY OF THE BODY IN HEALTHY PSYCHOTECHNOLOGY "RIC": EFFICIENCY AND FEATURES OF APPLICATION

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Decrease in the level of health is considered today as a social, general cultural problem. In modern Ukraine, there is an acute problem of using psychological technologies for healing, fostering a conscious attitude to one's health, which is caused by a contradiction between the fairly high objective requirements of society for health, harmonious development of people and a rather low level of respect for one's body and wellness culture, as well as a general deterioration health of citizens. The article is devoted to the development of health-improving psychotechnology and assessment of its effectiveness based on the study of the dynamics of verbalization of bodily and subjective assessment of health as a result of its application. A generalization of the results of a theoretical analysis of the health problem and the psychological mechanisms of its provision is presented. The use of integrative psychotechnics for recreational purposes is justified. The proposed program of wellness psychotechnology "Relaxation-Imagination-Comfort" ("RIC") is one of the integrative psychotechnologies, based on the synthesis of methods of concentrative relaxation, imaginative psychotherapy of the body and includes a set of psychotechnics aimed at ensuring the restoration and preservation of the full functioning of the body, based on means of internalization of the Bodily locus of control, relaxation and self-regulation based on feedback from the Bodily-Self. The RIC program is based on the principle of gradual mental deepening and expansion of the practice of mental integration and involves the consistent implementation of the preparatory stage, three main (relaxation, awareness, imagination) stages and the final stage. Based on a synthesis of empirical data, it is shown that, as a result of the use of health psychotechnology ("RIC"), positive dynamics of subjective assessment of health and well-being, a decrease in the intensity of somatic complaints, harmonization of dominant psycho-emotional states, the level of verbalization of the Bodily-Self and emotional acceptance of one's body were revealed, which characterizes the potential for self-healing and maintaining the psychosomatic balance of the individual.

KEYWORDS: imaginative body psychotherapy, wellness psychotechnology, Bodily locus of control, relaxation, self-regulation.

Problem statement. The problem of health, ways of its preservation and restoration is extremely acute in the modern world in general, and in Ukraine in particular. Recently, science has relied on a holistic approach to the study of man in the unity of its biological, social, physical and spiritual. The expansion of synergetic ideas about a person as a complex system leads to increased attention to psychosomatic issues. The attitude of a modern person towards its health is paradoxical. Health takes a high place among life values, at the same time, health acts as an exploited resource, a means of survival in the current economic and social reality of society (Zhuravlyova, 2014, Berezina & Verzhibok, 2015). In modern Ukraine, there is an acute problem of using psychological technologies for healing, stimulation of a conscious attitude to one's health, which is caused by the contradiction between the high objective requirements of society for health and the low level of respect for one's body, a healthy culture, and a general deterioration in the health of citizens. Decrease in the level of health is considered today as a social, general cultural problem (Ananyev, 2006, 2007, Nikiforov, 2011).

Analysis of recent publications. The diversity of scientific approaches to health fits into three main explanatory models - the model of coherence, the model of adaptation and the model of spiritual and creative potential (Vasilieva & Filatov, 2005). The model of consistency with the ideal of health emphasizes the harmony of various beginnings in man. The adaptation model characterizes the orientation towards the norm of the "optimally functioning" individual. The anthropocentric model of revealing spiritual and creative potential emphasizes the capabilities of the person itself. These paradigms describe theoretical ideas about health, define research strategies, organize and apply wellness practices. In the model of coherence, practical recommendations on wellness practices come down to compliance with moderation, choosing a balance of activity-passivity in any sphere of existence and activity due to self-control and self-discipline. Improvement in the adaptation model is understood as successful adaptation and comprehensive harmonization of the individual's relationship with the outside world. It is within the framework of this model that methods of psychological impact for health purposes are proposed. So, I. Schultz (1985) linked the healthy functioning of the body with the ability to arbitrarily regulate physiological functions and developed a technique of "autogenic training", his follower H. Liderman considered the overall healing strategy as attitude to maintain the body's internal stability through "Autogenous immersion" (Liderman, 2000). The main to the anthropocentric model of health is the idea of the higher (spiritual) mission of man. The existential, humanistic, transpersonal schools of psychology operate with modifications of precisely anthropocentric concepts of health. Improvement in this model is considered in the context of revealing the potential of personality development, integration of the personality and its openness to new experience.

Various definitions of health make it possible to classify this category as systemic, multi-level and multifaceted. Generalized descriptions consider health as a state of optimal life activity of the subject, the completeness of the manifestation of its vitality, the comprehensiveness and durability of social activity and the harmonious development of personality. L.V. Kulikov considers the sanogenic potential of the individual as the main psychological mechanisms for ensuring and maintaining health , which includes stability and harmony of the individual, personal psychohygiene (Kulikov, 2004). Moreover, significant subjective well-being acts as subjective criterion of health, which determines the characteristics of the dominant psycho-emotional state and satisfaction with life. V.A. Ananyev (Ananyev, 2006) describes the potential of health and its components (varieties) as - potentials of the mind (the ability to know), will (the ability to set and achieve goals), feelings (emotional competence), the body (awareness of physicality, understanding of "body language"), social potential (social competence), creative potential and spiritual potential (the ability to embody the highest values).

The salutogenic theory of A. Antonovsky presents a special version of understanding health, the mechanisms of its maintenance and restoration (Antonovsky, 1990, 1996). Since health and disease form the outermost points of the continuum, a person's state of health includes many transitional (intermediate) states. Approaching the pole of health is accompanied by the formation of a special feeling - sense of coherence, which is a systemic salutogenetic orientation of a person in itself and in the world. Sense of coherence includes three components: 1) comprehensibility - confidence that the stimuli coming from external and internal sources of experience in the process of life are structured, predictable and interpretable; 2) controllability is related to the extent to which the individual considers the resources available to him or she as sufficient to meet the requirements of incentives; 3) meaningfulness is related to the degree to which a person experiences an emotional excitement that life makes sense, how much he or she feels that problems and requirements are worth investing. A. Antonovsky points out three ways of the effect of sense of coherence on health: 1) the positive effect of sense of coherence through psychosomatic mechanisms on the functioning of the endocrine and immune systems, which helps maintain homeostasis in the body; 2) people with a high sense of coherence are more motivated to avoid situations or activities that threaten their health, and to actively engage in activities that contribute to maintaining health; 3) sense of coherence affects cognitive stress assessment processes (Antonovsky, 1996).

Modern psychotherapy and medicine increasingly face their own limitations on helping to improve the personality. Medication methods are not able to cope with their tasks due to the duration of

treatment, possible getting used to the intervention of the therapist and focus on curing only the external, physical manifestations of the disease. Therefore, at present, it is quite relevant and logical to search for new methods of healing a person, focused on the formation of a conscious, value-based attitude of a person to their health and a qualitatively new semantic attitude not to "get rid of an illness", but to "maintain a healthy state of the body and spirit".

During the long history of its existence mankind has accumulated great experience of using physical and psychological techniques not only in prevention and treatment of diseases, but also for harmonious improvement of personality, and improvement of quality of life in general. The most developed is the problem of techniques and practices of mental self-regulation, representing the effects on themselves using words and images to manage activities and mental states. The methods of mental self-regulation are complex and involve the inclusion of various areas of the psyche: sensory, perceptual, intellectual, emotional, volitional, etc. Verbal and non-verbal methods of self-regulation are distinguished. Verbal include: self-hypnosis, self-belief, self-analysis, analysis of the situation; non-verbal - breathing exercises, physical exercises, switching attention, plot representations (visualization), meditation (Ananyev, 2000, Prokhorov, 2006). Examples of the use of self-regulation methods in medical and psychological practice are ideomotor training, psycho-muscular training, Jacobson's Relaxation Technique, Schultz autogenous training, etc. (Prokhorov, 2005, Pavlova & Sergienko, 2016).

The efficiency of application of self-regulation methods for recreational purposes is shown in the works of E.A. Kulakova, L.L. Artamonova, Y.P. Denisenko et al. E. A. Kulakova shows the effectiveness of the prevention of fatigue through self-regulation, in particular meditation (Kulakova, 1991). One of the signs of self-regulation is the ability to control the activity of the nervous system. This ability can be developed with the help of special breathing exercises. Active and passive, static and dynamic breathing exercises with expiratory activation should be used (Artamonova, Panfilov & Borisov, 2014). According to Y. P. Denisenko and co-authors (Denisenko, Vysochin & Yatsenko, 2012), significant changes in the state of the respiratory system occur during relaxation of the respiratory muscles, which, according to the electroencephalogram, leads to a significant decrease in the flow of afferent and efferent pulses, accompanied by the appearance of a trophotropic state , decrease in anxiety, decrease in the level of physiological and psychological reactions to stressful effects. In addition, after relaxation in the wakeful state with active cortical activity, concentration increases. Thus, relaxation can be used to prevent, correct, and eliminate negative psycho-emotional states and increase the adaptive capacity of the body.

Methods of mental integration became famous in the late 1980s. They are based on ancient and new, eastern and western techniques of integrative influence on a person, the result of which is a general mental and somatic healing, harmonization of the emotional sphere, intensive development of latent abilities, actualization of creative potential, and increase of mental energy resources. Experimental studies of I.S. Shemet show that the methods of integration of psyche can qualitatively increase the level of human health and abilities. The idea of reuniting a person with non-integrated parts of its personality is actively used to restore health, primarily psychological, in the practice of psychotherapy, psychosomatic medicine and psychology (Shemet, 2004).

Thus, the use of health-improving psychotechnologies can be proposed as a means of preserving health, which are based on the mechanisms of integration of the psyche, the development of a sense of coherence and autopsychological competence as the main factor in activating a person's personal sanogenic potential.

Aim of the study is to determine the dynamics of verbalization of bodily and subjective assessment of the state of health as a result of the application of health psychotechnologies RIC (relaxation-imagination-comfort).

Statement of the main material. By the term "Improving psychotechnology" we mean a set of psychotechnics aimed at ensuring the restoration and preservation of the full functioning of the body, based on the means of internalizing the body locus of control, relaxation and self-regulation based on feedback from the Bodily "Self". The bodily locus of control is seen as a tendency to attribute the causes of what happens to the body in the areas of physical activity and health, alimentary and sexual behavior to external or internal factors. At the same time, the internal bodily locus of control is a tendency to see the reasons for what is happening with the body, the

tendency to accept responsibility for one's state and the functioning of one's own body. Relaxation is understood as the process of acquiring equilibrium in the body system, as a psychosomatic unity, by relieving tension in the body and achieving a state of calm. Self-regulation based on feedback with the bodily self is a characteristic of psychosomatic competence, is based on sensory and symbolic forms of feedback and ensures the functioning of the body as a system, the activity of which is dominated by the equilibrium vector (Khomulenko, 2017).

Wellness psychotechnology cover the inner space of a person in the unity of the conscious and unconscious, as well as in the unity of the intra- and interpsychic realities that lead the psyche to greater integrity. With the help of modern psychotechnologies, the following correctional-developing and health-improving tasks of applied psychology can be solved: 1) psychological assistance to people in need of a total improvement of the body and psyche; 2) drug-free therapy of psychosomatic disorders and normalization of borderline conditions; 3) the mobilization and actualization of the reserve capabilities of the psyche; 4) increasing stress resistance, performance and adaptability of the psyche and body of the individual; 5) training in setting up the optimal mode of arbitrary bodily self-regulation; 6) self-knowledge and self-improvement of a person; 7) strengthening the emotional and volitional potential of the individual in the fight against bad habits of an unhealthy lifestyle; 8) expansion of the sphere of consciousness.

The study involved 32 students of H.S. Skovoroda Kharkiv National Pedagogical University from 18 to 27 years old, including 29 female subjects and 3 male subjects. The selection of program participants was carried out on the basis of criteria for recognizing the need for the use of health-improving psychotechnologies, interest and voluntary participation. Six working groups of 5-6 people each were formed, which was due to recommendations regarding the quantitative composition for the group form of conducting imaginative body therapy. In addition, the group form of psychotherapeutic influences has several advantages, which are: 1) group experience and the similarity of the experienced feelings counteracts the exclusion of a person, unproductive closure in oneself; 2) the ability to receive feedback and mutual support; 3) the opportunity in the conditions of psychological safety to analyze the patterns of communication and behavior that are not obvious in everyday situations; 4) the group facilitates the processes of self-disclosure, self-exploration, self-knowledge and experimentation with new forms and styles of relationships; 5) saving of time (Rudestam, 2001).

The research involved the application of a classic "before-after" experiment with psychodiagnostics at the beginning and at the end of the implementation of a complex of techniques of imaginative body therapy. The following were selected as the main psychodiagnostic techniques:

1. Health self-assessment questionnaire A. Ware, C. Wright, M. Snyder, which allows to diagnose a subjective assessment of health and well-being (cited by Shurygina, 2009).

2. Giessen Subjective Complaints List (GBB), adapted by B.A. Ababkov, S.M. Babin, G.L. Isurina. The questionnaire reveals the intensity of emotionally colored complaints about physical well-being, and also allows to diagnose certain factors of malaise - exhaustion, stomach complaints (epigastric syndrome), pain in various parts of the body, heart complaints. We used the data of the "Pressure" (intensity) complaints scale, which characterizes the overall intensity of subjective ailments (cited by Raygorodsky, 1998).

3. The methodology for determining the dominant state (Kulikov, 2003), which allows to diagnose features of the characteristics of the personal level of mental stable (dominant) states: "active - passive attitude to life situation", "vigor-despondency", "high tone - low", " looseness-tension ",“ calmness - anxiety ",“ stability - instability of emotional tone ",“ satisfaction - dissatisfaction with life ". In addition, the technique was used to describe the level and quality of psychological well-being. In the "active - passive attitude to life situation" scale, the higher the score on the scale, the more pronounced the positive pole of the trait being measured. On the scales "vivacity-despondency", "tone high - low", "looseness-tension", "calmness - anxiety", "stability - instability of emotional tone", "satisfaction - dissatisfaction with life" - the higher the indicator on the scale, the less the positive pole of the measured characteristic is expressed.

4. The technique of "verbalization of the bodily self" was used to assess the integral indicator of psychosomatic competence and the valency of the emotional attitude to your body (Khomulenko & Kramchenkova, 2016).

Methods of statistical processing of empirical data included analysis of the significance of differences using the Paired Sample T-Test.

The program of health-improving psychotechnology "relaxation-imagination-comfort" (RIC) is one of the integrative psychotechnologies and is based on the synthesis of methods of concentrative relaxation (Anita Wilda-Kiesel, 2004), and magnetic psychotherapy of the body (Loesch, 2008).

Imaginative body psychotherapy (ImKP) is a modern direction of psychosomatic psychotherapy, which includes a set of exercises for relaxation, healing communication with one's own body and imaginative exercises, which are based on figurative memory and ideas (Loesch, 2008). In Germany, this direction of psychotherapy is a specialization of catatymo-imaginative psychotherapy. Imaginative body psychotherapy has been shown to be highly effective in working with different groups of psychosomatic and severe somatic diseases (oncology, autoimmune diseases). Its author, Dr. W. Loesch, calls his method as healing communication with the body. The main work in ImKP is based on the use of imagination and attention to your body. At the same time, the focus of attention is directed to the sensation of your body, without any bodily touch to it. ImKP methodically relies on concentrative relaxation, symbol drama (Obukhov, 1997), and auto-training. An important condition for ImKP is the creation of an internal safe space, which allows patients to relax and find resources for further work. Further, the work is carried out in an individual form, when the patient, with the help of a psychotherapist, gradually comes to the creation of his own unique healing strategy. Concentrating calm attention on the sensations of its body for a long time, the patient begins to present images that correspond to the signals of the body. The image that appears to be a symbol of what is happening in the body.

The Concentrative Relaxation Method (Konzentrative Entspannung, KoE) method was created in Germany in the 60s of the XX century by Anita Wilda-Kiesel based on many other techniques of working with conscious body relaxation and, primarily, was used in sports as an effective method that contributes to a significant improvement of Olympic results among athletes of the German Democratic Republic (Wilda-Kiesel, 2004). Later, this method became widespread for working with psychosomatic diseases, for physical rehabilitation after injuries, for working with children and adolescents in order to achieve a stable state of relaxation, calmness and more conscious perception of the various sensations of your body. This method is based on a clear and consistent pattern of focus and concentration on specific parts of your body.

In the process of implementing the program of health-improving psychotechnology RIC (relaxation-imagination-comfort), positive changes were achieved due to the psychological effects of self-diagnosis and reflection of the leading attitudes in the field of bodily, increase of sensitivity, development of the attitude towards the comprehensiveness of perception, integrity and interconnection of bodily, cognitive and emotional phenomena of the inner world of a person, the formation of mental self-regulation skills of the body, as well as the psychotherapeutic effects of conscious integration, knowingness and unconscious in the unity of intra- and interpsychic realities.

The program of improving psychotechnology RIC consisted of preparatory, three main and final stages. The implementation of the program of health-improving psychotechnology RIC (relaxation-imagination-comfort) is designed for 4 months and is based on the principle of gradual mental deepening and expansion of psychotherapeutic practice. Table 1 shows the general organization of the program of health-improving psychotechnology "RIC".

The preparatory phase was devoted to motivating participants, actualization of their leading needs in connection with the program's purpose, informing about the program's content, the format for further work, as well as the initial psychodiagnostics of the subjective characteristics of health, well-being, stable psycho-emotional states and the verbalization of the "bodily self".

The first of the main stages "Relaxation" is devoted to mastering the technique of "concentrative relaxation". At this stage, the program participants had to direct their attention to their own body and the processes that take place in it for the development of dialogue with their own "Bodily Self". Relaxation in the form of external and internal calming occurs as a result of benevolent and positively directed attention to the body (Loesch, 2008). Participants were asked to feel those parts of the body that are in contact with the surface on which the person lies: the surface itself, the distance to it of various parts of the body,

especially contact with the surface. Then there is a gradual, step-by-step perception of one's body: differentiated perception and body sensation with the aim of influencing the stress-relaxation ratio and achieving the final result through: step-by-step training; perception of the surface with which the body is in contact; perception of tension. Then it is proposed to feel and realize your body, as well as everything that happens in it (for example, the rhythm of breathing, micro-movement of the joints, posture and body position). The following is an active influence on the phases of tension and muscle relaxation. Conscious relaxation of pinched, tense muscle groups.

Table 1

Scheme of organization of the program of health-improving psychotechnology RIC

Program stage		*Content of the work*	*Forms of work*	*Time frame*
Preparatory		Motivation, informing, psycho-diagnostics	Group	1 meeting (1,5 hour)
Main	Relaxation	Concentrative Relaxation Practice.	Group	8 meetings of 30 minutes each (4 weeks)
		State Reflection	Separate practice of concentrative relaxation	Daily for 20-30 minutes
	Awareness	Acquaintance with the structure and features and functioning of organs and systems of the body.	Group	4 meetings of 40 min. (2 weeks)
		Concentrative relaxation practice	Separate practice of concentrative relaxation	Daily for 20-30 minutes
	Imagination	The practice of concentrative relaxation.Internal observation of images in a given direction.	Group	8 meetings of 1.5 hours (4 weeks)
		Work with a picture of imaginations.	Individual work with a psychologist	8 meetings for 1 hour (4 weeks)
		Reflection of states and figures	Separate practice of concentrative relaxation	Daily for 20-30 minutes
Final		Reflection of results, psychodiagnostics	Group	1 meeting (1,5 hour)

Concentrative relaxation was carried out in a prone position under the guidance of a leading psychologist. The group members lie on the floor, on special sports mats, which contributes to a better focus on the sensations of their own body. Each of the participants should consistently direct attention to those parts of the body that the host psychologist is talking about. An important condition for working in this method is the need to pronounce your feelings aloud.

The host psychologist offers to feel and verbalize each of the participants the following sequence, in which points 6 and 9 are the author's refinement, which includes elements of the Taoist practice of internal alchemy, and are tested in the context of the effect of the relaxation effect.

1. Lie down as comfortably as possible and close your eyes. All external sounds gradually fade into the background and you are increasingly focusing attention on yourself and on your body. As you fix attention on the body, it begins to relax.

2. Where do you most feel the contact of your body with the support on which you are located? Please name all zones. (For example: nape, shoulders, buttocks, lower legs, heels).

3. Where do you most feel the space between your body and the support on which you are located? Please name all zones. (For example: neck, lower back, area under the knees, ankles). Please imagine a material that is pleasant for you (sand, a pillow), with which you would like to fill the space between the zones of your body and the support.

4. Focus on your right foot. How is it located? Does it lie flat or slightly bent? Where do you feel the areas of greatest touch of your right foot to the support? Where do you feel the distance between your right foot and support? Where do the socks of your right foot look? How do you feel your foot? Do you feel all the fingers on the right foot the same way, or are there any that you feel better than others? About what area does the heel occupy, what shape is this area, how many approximately square centimeters? What area does the tibia occupy, what shape is this area, how many approximately square centimeters? What area is the buttocks, what shape is this area, how many approximately square centimeters?

5. Focus on your left foot ... (Procedure similar to paragraph 4)

6. Which leg is warmer, which is less warm ... (heavy, long, light, wet, dense, transparent). Which leg is more relaxed? (For example, the left) Make the right foot as relaxed as the left.

7. Focus on your right hand, how is it located? How far is it from the body? Is it even or slightly bent? Where do you feel the areas of greatest touch of your right hand to the support? Where do you feel the distance between your right hand and the support? How do you feel your palm? Fingers on the right hand? Is there a finger or fingers that you feel better than others? What would you like to put in the palm of your hand?

8. Focus on your left hand ... (Procedure similar to paragraph 7).

9. Which hand is warmer, which is less warm ... (heavy, long, light, wet, dense, transparent)? Which arm is more relaxed? (For example, the left) Make the right hand as relaxed as the left.

10. Focus on your back. Where do you feel the areas of greatest touch of your back to the support? Where do you feel the distance between your back and support?

11. Focus on your head. How do you feel the back of your head? Approximately, what area does the occiput occupy, what shape is this area, how many approximately square centimeters?

12. Once again, go through the attention throughout the body, relax and as if dissolve all the tense zones and parts. Which part of the body is most relaxed (for example, the left leg). Which part of the body is the least relaxed (for example, the right arm)? Make your left foot as relaxed as your right arm. Then, gradually activate yourself and open your eyes. Stretch smoothly, do not rush to get up.

The result of mastering the technique of concentrative relaxation is a more conscious and full sensation of your body and the achievement of persistent psychosomatic relaxation. At this stage, the participants received the task of a daily 20-30 minute practice of concentrated relaxation at home. Each meeting began and ended with a reflection of the conditions associated with the practice of concentrative relaxation.

At the “Awareness” stage, the task of informing about the structure and functioning of the main organs and systems of the human body was solved. To solve this problem, 4 classes were organized devoted to the formation of knowledge about the structure and functions of the autonomic nervous system, heart, thymus and spine. At this stage, an independent daily 20-30 minute practice of concentrative relaxation at home was maintained.

At the “Imagination” stage, against the background of the practice of concentrative relaxation, participants under the guidance of a leading psychologist were offered imaginative tasks aimed at consciously presenting certain topics. Imaginative exercises were implemented as follows. The host psychologist suggested that the participants present an image on a specific given topic. After each presentation of the image, the participants in the group were asked to evaluate the brightness, emotional coloring, dynamism, image on a given topic, and then draw a picture of the imagination with a non-dominant hand. At the disposal of the group members were a variety of materials for drawing: pencils, paints, colored chalk, various paper sizes (A3, A4, A5). After drawing, each member of the group talks about his image, which he presented and

demonstrates his drawing to the leading psychologist and other participants, if desired.

During the first 4 meetings, it was necessary to present the heart, thymus, and spine as a plant as imaginative tasks. For example, “Imagine your heart as a plant that has everything for good growth and development. What is this plant? In what area does it grow? What is its root, what is the earth near it? What leaves, stem, petals? Does the plant smell? Try in your imagination to touch the plant. What do you feel? Imagine what this plant needs for good growth and development. Imagine how a plant is lit by the sun, that you look after it - water it, fertilize it. ” Further, similar imaginations were performed with the thymus and spine. The following imaginations include introducing organs and washing them with fresh arterial blood. For example, “Imagine your heart as it may look. Imagine arterial blood saturated with oxygen and important nutrients entering the heart. The heart, all its parts, as it were, are washed with fresh, renewed blood, and all unnecessary metabolic products, toxins, etc., are washed and left with venous blood. Imagine how this happens ... ". Imaginations finalising with a pattern of images with a non-dominant hand.

The next 4 meetings are distinguished by the addition of an imagination of a place of inner comfort and balance, which also ends with a drawing with a non-dominant hand. The host psychologist tells the participants: “Imagine the place of your inner comfort and balance. It can be any place that you have ever seen, or which will now draw your imagination. Maybe this is the place you once dreamed about. What is the weather like in this place now? What season? What smells are there right now? Are there any sounds here? What exactly in this place makes it calm and protected for you? ”.

Imagination of an internal adviser, which is included in the authentic version of the method of imaginative body psychotherapy (ImKP), can be used with the use of RIK psychotechnology for psychotherapeutic or therapeutic purposes.

It is very important that the person who represents the image verbalizes its feelings and mood, so each meeting ended with a reflection of the imaginations and drawings. In this psychotechnology, the method of silent presentation of images was used: when each of the group members presented their image in silence, and only then, after its completion, told the leading psychologist and group about what they imagined and about their feelings during the imagination. In this case, the leading psychologist pays attention to the following questions: “What was the most pleasant in the image? Did you manage to imagine the image? How clear was it? Was it possible during the performance to experience different modalities of perception: colors, sounds, smells, touches, tastes? What was the most pleasant during the presentation of the image? Perhaps something like less or evoked negative emotions? What was unexpected, what surprised most of all? ”It is proposed to remember those positive emotions that a person felt being in the image, and, if necessary, recall this image as a technique of self-regulation of the psycho-emotional state.

In addition, at the “Imagination” stage, participants were offered individual work with a psychologist once a week, dedicated to performing imaginations, demonstrating and discussing drawings, and working with psycho-emotional states.

The final “Reflexive” stage is aimed at understanding and fixing the results of participation in the “RIC”, as well as actualization the attitude of the active use of acquired knowledge, skills in the future. Fixing the positive dynamics and detailing the acquired abilities as a result of psychodiagnostics and discussing its results allows participants to realize their own achievements as a result of the “RIC”. As a result of such a group discussion, participants come to the conclusion that the acquired knowledge, skills, and abilities will help in the development of self-regulation and the improvement of their own body, and the ability to stimulate their own productive activities.

The effectiveness of health-improving psychotechnology “RIC” was tested on the basis of data on the dynamics of subjective health characteristics obtained in a control study, the results of which are displayed below (Table 2).

As the results show (Table 2), self-assessment of own state of health, both at the preliminary and at the final stages of the study, does not exceed standard values for people who do not suffer from severe chronic diseases (69 points). At the same time, after the implementation of the health-improving psychotechnology “RIC”, a statistically significant ($t = -4.18$; $p<0,0005$) improvement in assessing one's health and physical condition is noted.

Table 2

Dynamics of indicators of health self-esteem (physical well-being) after the implementation of health-improving psychotechnology RIC

Parameters	Average values of indicators (M±σ)		t - criterion	p
	Before the implementation of psychotechnology	After the implementation of psychotechnology		
Assessment of health and well-being	51,72±13,86	43,06±9,82	-4,18	<0,0005
Intensity of subjective ailments	30,31±7,67	23,44±9,21	-7,15	<0,00001

The data obtained indicate a decrease in the level of anxiety for the state of own physical health, and an increase in satisfaction with somatic well-being.

The negative dynamics of the intensity of physical ailments (t = -7.15; p<0.00001) is shown, which is characterized by a decrease in subjective anxiety about their ailments, an improvement in the emotional stereotype of perception of organic conditions, possible painful or unpleasant sensations.

The subjective well-being of a person as a characteristic of health and psychosomatic status is directly related to the dominant mental state. The results of a study of the dynamics of dominant psychoemotional states are presented in Table 3.

Table 3

Dynamics of indicators of the dominant psychoemotional state after the implementation of recreational psychotechnology RIC

Parameters	Average values of indicators (M±σ)		t - criterion	p
	Before the implementation of psychotechnology	After the implementation of psychotechnology		
Active - passive attitude to life situation	40,97±8,09	42,44±8,45	1,66	>0,05
Cheerfulness - despondency	21,47±6,26	18,09±4,75	-3,19	<0,005
Tone high — low	28,88±8,32	21,59±8,23	-5,35	<0,00001
Relaxedness-stress	24,28±6,34	21,22±3,01	-2,53	<0,05
Calm - anxiety	25,69±7,74	19,06±4,15	-6,42	<0,00001
Stability - instability of emotional tone	23,91±9,96	22,50±9,61	-0,65	>0,05
Satisfaction — dissatisfaction with life	32,31±11,58	26,06±8,42	-3,51	<0,005

As the obtained data show, after the implementation of the RIK psychotechnology, there was a positive dynamics in the dominant psycho-emotional states of the participants in terms of cheerfulness - despondency (t = -3.19; p<0.005), tone high — low (t = -5.35; p< 0.00001), relaxedness-stress (t = -2.53; p<0.05), calm - anxiety (t = -6.42; p<0.00001), satisfaction - dissatisfaction with life (t = -3 , 51; p<0.005). Thus, after the implementation of “RIC” there was an increase in cheerfulness, an expansion of interests and expectations of positive events in the future, a positive psycho-emotional background increased, which contributes to the desire to act. An increase in tone characterizes an increase in the subjective sensation of compilation, a supply of strength, energy, a decrease in fatigue, inertia, greater efficiency, as well as an increase in the likelihood of a stenic reaction to difficulties. The decrease in tension in the structure of dominant psycho-

emotional states shows that participants more perceive the desired goals as achievable. Their emotional acuity and rejection of negative life situations decreased, the severity of the desire to master the situation, intensively perform the necessary transformations decreased. The most significant changes in indicators on the scale of calm-anxiety characterize a significant decrease in anxiety, the acquisition of greater confidence in their abilities and capabilities. This indicator is especially important in the context of this study, since the experience of anxiety enhances the subjective value of emotiogenic stimuli, their negative impact on health. An increase in life satisfaction indicators indicates an increase in the sense of responsibility for oneself in one's life choices, and about a willingness to overcome difficulties in self-realization, which leads to a positive assessment of personal success. The foregoing allows us to state the harmonization of stable psycho-emotional states after the implementation of "RIC".

Indicators of the dynamics of verbalization of "Bodily Self" after the implementation of the health-improving psychotechnology "RIC" are presented in Table 4.

Table 4

The dynamics of indicators of verbalization of "Bodily Self" after the implementation of RIC health-improving psychotechnology

Parameters	Average values of indicators (M±σ)		t - criterion	p
	Before the implementation of psychotechnology	After the implementation of psychotechnology		
The level of verbalization of "Bodily Self"	34,56±10,55	47,69±9,30	5,10	<0,00005
The valency of the verbalization of "Bodily Self"	0,06±0,37	0,36±0,20	4,83	<0,00005

The results of the study show a significant increase in the level of verbalization ($t = 5.10$; $p<0.00005$) as an integral indicator of the system of the cognitive component of the bodily self, reflexivity in the body, which is associated with the adoption of own body as a component of the whole organism, and determines the basis for self-regulation in an internal dialogue with the "Bodily Self". The analysis of the dynamics of the valency of the verbalization of "Bodily Self" indicates the transformation of a neutral emotional attitude to own body into a positive one ($t = 4.83$; $p<0.00005$). A positive emotional-value attitude to the body characterizes the acceptance and predominantly positive feelings that the participants experience in relation to their body.

Thus, the integrative nature of recreational psychotechnology "RIC" contributes to the unity of the cognitive and emotional-value components of the "Bodily Self", which contributes to the normal functioning of the body due to the completeness of the content of the cognitive component, positivity and adequacy of the content of the emotional-value component and reflexive regulation. The data obtained in the study speak in favor of the possibility of using RIC psychotechnology in order to maintain psychosomatic balance, optimize the individual's internal reserves in self-healing and psychological harmonization. Since psychosomatic disorders (functional syndromes and psychosomatoses) as defined by D.S. Rozhdestvensky is the ultimate manifestation of an individual's life style brought to an existential absurdity (Rozhdestvensky, 2009), the psychological integration on which RIC psychotechnology is built allows emphasizing important aspects of the relationship between mental and physical and balancing the psycho-emotional style of responding to one's physical states, as one from the manifestations of life style. In other words, RIC psychotechnology is not focused on treatment, but on ensuring the renewal and preservation of the full functioning of the body through internalization of the body locus of control, relaxation, and self-regulation based on feedback from the "Bodily Self".

The results obtained are consistent with the data of A.S. Zakharevich on the effectiveness of the use of recreational respiratory psychotechnologies for improving the mechanisms of mental self-regulation of states, development and mobilization of the reserve capabilities of the body and psyche. In particular, the author found that the use of respiratory psychotechnologies improves the balance of psychological qualities, reduces the level of painful conditions and mental tension, increases the level of general and private sensitivity, helps to reveal the person's internal psychological resources, the adequacy of self-esteem and satisfaction with their position in society (Zakharevich, 2003).

The results of the study also confirm the data of G.E. Pazekova on the positive impact of ideational technologies for the healing and harmonization of personality. In the work of G.E. Pazekova shows the relationship of work with prototypes and the functional state of the personality, as well as its impact on the dynamics of all three components of health (physical, mental, spiritual). In particular, the effects of normalizing and supplying blood to the hemispheres of the brain, improving the subjective attitude to one's experience, to one's personal time, to creativity, to own health, to own body, as well as optimizing self-esteem of well-being, activity, and mood (Pazekova, 2011) were found.

Conclusions. The presented program of health psychotechnology "RIC" includes a set of techniques of imaginative body psychotherapy according to W. Loesch and is based on the principle of gradual mental deepening and expansion of the practice of mental integration. The program involves the consistent implementation of the preparatory, three main (relaxation, awareness, imagination) and the final stages. As a result of the application of the health-improving psychotechnology "RIC", a positive dynamics of the subjective assessment of health and well-being, a decrease in the intensity of somatic complaints, harmonization of the dominant psycho-emotional states, the level of verbalization of the "bodily Self" and the emotional acceptance of own body, which characterizes the potential for self-healing and maintaining the psychosomatic balance of the personality revealed.The prospect of further research may be the study of the bodily locus of control in the context of psychosomatic phenomena of normal functioning, functional syndromes and psychosomatoses.

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КОМПЛЕКС ПРИЙОМІВ ІМАГІНАТИВНОЇ ПСИХОТЕРАПІЇ ТІЛА В ОЗДОРОВЧІЙ ПСИХОТЕХНОЛОГІЇ «РІК»: ЕФЕКТИВНІСТЬ І ОСОБЛИВОСТІ ЗАСТОСУВАННЯ

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Зниження рівня здоров'я розглядається сьогодні як соціальна, загальнокультурна проблема. У сучасній Україні гостро постає проблема використання психологічних технологій оздоровлення, виховання свідомого ставлення до свого здоров'я, що зумовлено протиріччям між досить високими об'єктивними вимогами суспільства до здоров'я, гармонійного розвитку людей і досить низьким рівнем дбайливого ставлення до свого тіла і оздоровчої культури, а також загальним погіршенням здоров'я громадян. Стаття присвячена розробці оздоровчої психотехнології та оцінці її ефективності на основі дослідження динаміки

вербалізації тілесного і суб'єктивної оцінки стану здоров'я в результаті її застосування. Представлено узагальнення результатів теоретичного аналізу проблеми здоров'я, психологічних механізмів його забезпечення. Обгрунтовано застосування інтеграційних психотехнік в оздоровчих цілях. Запропонована програма оздоровчої психотехнології «Релаксація-імагінація-комфорт» («РІК») являє собою одну з інтеграційних психотехнологій, яка базується на синтезі прийомів концентративного розслаблення, імагнативної психотерапії тіла і включає комплекс психотехнік, спрямованих на забезпечення відновлення та збереження повноцінного функціонування організму, заснованих на засобах інтерналізації тілесного локусу контролю, релаксації та саморегуляції на базі зворотного зв'язку з Тілесним «Я». Програма «РІК» побудована на принципі поступового психічного поглиблення і розширення практики психічної інтеграції і передбачає послідовну реалізацію підготовчого, трьох основних (релаксація, обізнаність, імагінація) і завершального етапів. На основі узагальнення емпіричних даних показано, що, в результаті застосування оздоровчої психотехнології («РІК») виявлена позитивна динаміка суб'єктивної оцінки здоров'я і самопочуття, зниження інтенсивності соматичних скарг, гармонізація домінуючих психоемоційних станів, рівня вербалізації «тілесного Я» і емоційного прийняття свого тіла, що характеризує потенціал самооздоровлення і підтримання психосоматичного балансу особистості.

КЛЮЧОВІ СЛОВА: імагінативна психотерапія тіла, оздоровча психотехнология, тілесний локус контролю, релаксація, саморегуляція

КОМПЛЕКС ПРИЕМОВ ИМАГИНАТИВНОЙ ПСИХОТЕРАПИИ ТЕЛА В ОЗДОРОВИТЕЛЬНОЙ ПСИХОТЕХНОЛОГИИ «РИК»: ЭФФЕКТИВНОСТЬ И ОСОБЕННОСТИ ПРИМЕНЕНИЯ

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Снижение уровня здоровья рассматривается сегодня как социальная, общекультурная проблема. В современной Украине остро стоит проблема использования психологических технологий оздоровления, воспитания сознательного отношения к своему здоровью, что обусловлено противоречием между достаточно высокими объективными требованиями общества к здоровью, гармоничному развитию людей и достаточно низким уровнем бережного отношения к своему телу и оздоровительной культуры, а также общим ухудшением здоровья граждан. Статья посвящена разработке оздоровительной психотехнологии и оценке ее эффективности на основе исследования динамики вербализации телесного и субъективной оценки состояния здоровья в результате ее применения. Представлено обобщение результатов теоретического анализа проблемы здоровья, психологических механизмов его обеспечения. Обосновано применение интегративных психотехник в оздоровительных целях. Предложенная программа оздоровительной психотехнологии «Релаксация-имагинация-комфорт» («РИК») представляет собой одну из интегративных психотехнологий, базируется на синтезе приемов концентративного расслабления, имагнативной психотерапии тела и включает комплекс психотехник, направленных на обеспечение восстановления и сохранения полноценного функционирования организма, основанных на средствах интернализации телесного локуса контроля, релаксации и саморегуляции на базе обратной связи с Телесным «Я». Программа «РИК» построена на принципе постепенного психического углубления и расширения практики психической интеграции и предполагает последовательную реализацию подготовительного, трех основных (релаксация, осведомленность, имагинация) и завершающего этапов. На основе обобщения эмпирических данных показано, что, в результате применения оздоровительной психотехнологии («РИК») выявлена позитивная динамики субъективной оценки здоровья и самочувствия, снижение интенсивности соматических жалоб, гармонизация доминирующих психоэмоциональных состояний, уровня вербализации «телесного Я» и эмоционального принятия своего тела, что характеризует потенциал самооздоровления и поддержания психосоматического баланса личности.

КЛЮЧЕВЫЕ СЛОВА: имагинативная психотерапия тела, оздоровительная психотехнология, телесный локус контроля, релаксация, саморегуляция

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NEURODEVELOPMENTAL DISORDER

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The article is devoted to the consideration of the approach to define a neurodevelopment disorders, intellectual, neuromotor and autism spectrum disabilities, but also of that wide border area that falls within the current definition of Special Educational Needs (SEDs). The analysis is done via a comparison between neuropsychiatric and pedagogical perspectives of these disorders, focusing on two complementarity disciplines, which can enrich each other by making contact with the tensions of their respective fields, in a broader vision that can include together therapy, care and education.
KEYWORDS: Intellectual disabilities, Development disorders, Therapy, Autonomy, Socialisation, Education.

1. What is intellectual disability?

Intellectual disability is linked to ego function called "intelligence". It is a vast field of observation and investigation with many areas still obscure. Many scholars hypothesize the typical personalities existence of subjects affected by certain syndromes whose central pivot is intellectual disability and whose cause, as well as organic symptoms, are known. In reality, since personality is a complex entity, which includes the interweaving of constitutional elements with other environmental elements, to speak of "typical personality" would be a conceptual error. Every subject, without pathologies or affected by some pathology, is still an individual to himself, unrepeatable and irreplaceable, distinct in his uniqueness from any other person even when he shares some common belonging (Hales, 2015). Life context in which he grows up, his social contexts in general, the age in which he was born, the culture of origin and the educational paths prepared or not for him, play a fundamental role even if his pathology is not susceptible to healing. All these variables, in fact, contribute to make better or worse prognosis, quality of life and relational dynamics that concern him. Pedagogy central role of is to find traits of difference and specificity that make it possible to structure an individualized work plan, respectful of the history and peculiarities of each subject. It is a question of clarifying the possible limits of highlighting person by potential in modifiable contexts.

These are some specific strengths or weaknesses related to faculties and functions of the Ego, but they should be compared with subject qualities that contradict them or in any case deviate from them. In this way it is possible to avoid deterministic visions of the damage; putting into dialogue what concerns pathology natural history of a with potentialities and elements of positive development proper to a subject or derived from his environment of life. Reasoning people in terms of types, creating stereotypes and resorting to simplification, is always very reassuring, but wrong. This applies to people without particular problems, as well as those with various forms of disability (Dovigo, 2014).

The subjects in evolutionary age with intellectual disabilities are characterized by two types of closely interrelated problems: adaptive ones and affective ones. Although the pivot around which everything revolves is fragility and intelligence malfunctioning, even personality is affected and may present a series of symptoms and problems related to different areas. For example, attention disturbances, stereotypes and perseverations may occur. Verbal language can reveal delays and compromises in both understanding and production and, if intellectual

disability is very serious, may be absent or confusing with manifestations of echolalia. Regressive, anxious and aggressive or self-destructive behaviour may also be present (Galanti M.A. e Sales B., 2012a). You must possess that fundamental ability, which consists in accepting the broken and inelaborated child's feelings of the and in giving them back to him, endowed with a sense, transformed into emotions, feelings and then into thoughts (Canevaro, 2006).

"Evolutionary intellectual disabilities" expression was introduced with the DSM - 5, published in 2013. The plural indicates that this is a large number of different syndromes, not only for severity of disability in a quantitative sense, but for greater weaknesses in certain areas of behavior than others and for strengths. "evolutionary" term, on other hand, indicates that these are pathologies are detected very early, usually in first year of age and also serves to distinguish them from those acquired in later years. This expression replaces the previous one, "Mental retardation", which in turn had replaced "Mental insufficiency" expression.

Intellectual disabilities are currently proposed as a set of disorders that include, both those problems strictly related to intellectual functioning, and those adaptive to conceptual or social dimension (APA, 1992). Reference is made to IQ, which measures a person's intellectual capacity in relation to his peers, obtained by evaluating and measuring the quantitative aspects of formal intelligence on a statistically based threshold at a level lower than 70/75 per 100, and to the subject's adaptive capacity which manifests itself in various areas (reasoning, problem solving, school performance, ability to learn from life experiences, judgement), in relation to the standard levels of age and taking into account the socio-cultural environment. This parameter is evaluated through clinical observation and not only through standardised tests.

WISC-IV, is an intelligence test used since 2005 which takes into account intelligence evolution studies, its complex multiformity and its being related to personality and environment. It is based on four indexes that are set of multiple skills: verbal comprehension, perceptual reasoning, working memory and processing speed. Abilities that determine intensity degree and subject quality of environment adaptations. WISC-IV test allows greater attention to intelligence characteristics that have been neglected until now, such as fluidity of thought, processing speed and working memory. It is a more sensitive revision in considering overall functioning of subject cognitive dimension, neuropsychological components of his possible difficulties and his possible learning disorders, also allowing to program a more individualized educational plan (Wechsler, 2012).

Intellectual disabilities are similar to those enucleated in previous manual: DSM-IV. Four levels are distinguished: mild, moderate, severe and extreme. Mild intellectual disability sees compromised abstract thinking, communication and language, which are more hindered by standard of age concrete with respect, while the way of being is characterized by suggestion and tendency to be manipulated. These subjects can reach a certain degree of autonomy and support may be necessary especially in daily management of house or money. In middle grade there is a very slow and limited development of learning, generally linked to elementary or basic levels. If there is a relational capacity, there is a need for support in decisions and in daily life management. Severe degree compromises the understanding of written language and spoken understanding language is limited. Verbal production is limited to single words or minimum sentences and support needed in daily activities is very significant.

Deep degree of intellectual disability involves difficulties in using objects in a functional way, very limited understanding and use mainly of non-verbal forms of communication of a non-symbolic character. There is a very high level of dependence on others to manage oneself and one's life.

One does not get out of intellectual disability condition determined by a necessarily organic cause, but one can improve the quality of one's own life and that of the people around one's home, while performance and skills in every area of experience can be increased by establishing a sort of threshold beyond which it's not possible to proceed. It is important to make subjects aware of the differences in results in terms of speed and learning fatigue compared to their peers, therefore, it is useful to be able to establish a dialogue with subject not denying difficulties in a paternalistic or inauthentic way, but focusing attention on improving possibility their performance and quality of life, without setting themselves as an unattainable goal and abstract models of normality (Galanti, Sales, 2012b). Every

knowledge is always in dialogue with other knowledge and with environment and contexts in which it originates. Knowledge is not given by the summation or accumulation of knowledge in mind, but by ability to connect them by analysing harmonies and divergences of points of view with peers, who assume a central role in the comparison and identification of the subject with disabilities, while respecting the phases of its evolutionary development (Morin, 1990). It is fundamental to create affective bonds of respect with people around disabled person, in order to make possible, as much as possible, understanding of the world and its functioning. A subject with intellectual disability, in fact, is very fragile from the point of view of identity and for this reason suggestible both in positive and in negative.

It's fundamental to start from ourselves knowledge to be able to decentralize and put ourselves from the point of view of others learning to listen and know empathically, therefore, helping the subject with disabilities to know through the many and varied activities, such as music, sport, leisure activities, making sure to process the emotions (even negative) that may arise because of the difficulties on subject part, and giving them meaning, turning them into creative resources or stimuli to improve, realizing their limits and accepting them (Mortari, 2017). We have to get away from the idea that formal intelligence is the noblest and highest of all and, consequently, that which should be encouraged, even in case of disability. Instead, it is necessary to consider the possibility of stimulating some learning, rather than others, starting from the interests of the subject. Metacognitive skills must be created to allow the evolving intelligence to unfold to its full potential. Specific strategies must be used to solve the task, selecting the most suitable ones in relation to objectives that supervise it, to distinguish different mental and cognitive experiences, to understand the modes of activation of thought and encouragement and to regulate gratifications and frustrations. In disabilities subject metacognitive competences are reduced and at the same time important because they are necessary substratum to nourish and increase intelligence. In children without particular learning difficulties this substratum develops almost spontaneously through play and without particular solicitations from adults. People with intellectual disabilities, however, have a mental rigidity, a tendency to repeat known strategies and an inability or reduced ability to transfer knowledge and skills from one area of experience to another. A well-established path of observation and planning in field of intellectual disability must also consider the stimulus of attention and memory, because there are many possible interferences, all more significant, more fragile the subject is due to stress, fatigue or emotional tension. Attention tends, physiologically, even in normal individuals, to decline progressively with the continuation of an activity. Countermeasures must therefore be put in place (Galanti, Sales, 2012c).

2. Motor development disorders

Infant motor functions of are already "tested" inside uterus, giving child the opportunity to gradually experiment with adaptation to new extrauterine environment. Today, newborn study uses General Movements (GM) method, developed by Prechtl. Movements are global, complex, variable and fluid; in order to properly observe environment must be properly heated, properly lit, rather silent and without external interference; it is also necessary to have specific training to be able to use the method appropriately. In normal newborn, until first months of postnatal life, GMs have variable duration and seem to cross the different contiguous body segments as in successive waves, with variable sequences; they are characterized by continuous variations in direction, force, amplitude and speed, with a characteristic pattern in "crescendo-decrescendo" (crescendo-decendo). These elements give newborn movement healthy quality of complexity, variability, elegance and fluidity, which are lost in newborn bearer of neurological damage (Einspieler, 2005). Infant motor skills can be considered as uterine fetal continuation motor skills in a new environment, dominated by gravity and emptiness, therefore, newborn's study of the spontaneous motor skills and the observation of how infant reacts to gravity sensation and emptiness, allow physician to assess the integrity or otherwise of central nervous system structures and to formulate a prognosis with respect to functions. Risk signs have a direct relationship with perceptual disorder, that is, with newborn difficulty to cope with environmental disturbances, consisting of temperature, light, noise. All these signs must be evaluated not only on the basis of their presence or not, but also in relation to their modifiability in time and space.

Newborn baby shows a sort of sketch of personality, that is, a series of individual behaviour patterns related to what we call temperament. Some children in developmental stages seem to anticipate the prescribed times, others seem to follow to letter an ideal development, still others tend to take it rather comfortable. The factors that condition a development different from norm, may be, presence of conditions of prematurity (birth before the end) or dismaturity (low birth weight), the so-called ligament hyperliness (joint structures appear more articular than normal), poor stimulation by family environment and, finally, reduced interest of child environment (Cioni, 2018). Another cause can be a brain lesion that involves fundamental nodes loss of concerning the functional subsystems, with the impossibility of a complete recovery of damaged functional system. The severity of the manifestations of motor function disorders in child depends on underlying neurological damage extent, which in turn is related to presence of more or less extensive lesions of brain tissue. Early intervention may, at least in part, change distant outcome of brain damage (Cioni G. et al., 2011). When the disorder is mild, these are conditions of genetic origin, or due to events of a vascular or infectious nature, in which brain systems allow the correct execution of movement are altered. The main movement disorders of this type are motor clutter, dyspraxia and tic; apart from so-called psychomotor instability, which manifests itself with a motor difficulty, is actually a sign of problems related to other areas of development. Treatment depends on underlying condition that supports the symptom. Serious forms of movement disorder in children, however, are characteristic of certain conditions of neurological damage, among which the most frequent are infantile cerebral palsy, neuromuscular diseases, including muscular dystrophies and spinal muscular atrophies, neuro-metabolic diseases and severe malformative syndromes. These forms can be traced back to two categories, which make it possible to distinguish, on the basis of the potential clinical evolution, the forms that determine a permanent disability, but not progressive, from forms in which the trend of picture leads to progressive loss of motor acquisitions, in a period of months or years. Children with altered motor patterns have an individual expression of postural functions and movement that the child is able to develop from their residual capacities, so understanding this concept has direct consequences on how to set up the rehabilitation (Camerini, De Panfilis, 2003).

Taking up authenticity concept of each individual and therefore of person singularity, the pursuit of an aesthetic and functional "normality" of movement can be an exhausting and unproductive process, both for image that child creates of himself, but also for the meaning he attributes to motor experience. Precisely for this reason, rehabilitation project must necessarily be individualized. Intervention plan must be thought out, programmed and constantly submitted to the rehabilitator's critical scrutiny, in order to avoid rigid application and repetitive schemes, which are not in tune with the subject's path of change. Therapeutic objectives must be based on the margins of modifiability of each function in relation to the resources possessed by child, his motivation and his ability to learn. Working group must be composed of specialized personnel, who must operate in an inter-professional way and in synergy with family and social structures, have the collection of information on clinical evolution of each patient for the case's periodic interdisciplinary discussion. Finally, working group must ensure a unified and comprehensive management of the rehabilitation intervention and be part of an integrated network of child rehabilitation services, organically linked at national level for a systematic organization of knowledge on epidemiology, on protocols for diagnosis and treatment of injury, on the most effective rehabilitation procedures and on identification of the most sensitive criteria for assessing and verifying the results. Working group must also be able to psychologically support family and allow facilities for problem management. Ultimate aim is not to restore mobility to child, but to accompany him, together with his family, towards best possible quality of life, because it is necessary to consider the physical, mental, emotional, communicative and relational globality in respect of his needs and that takes into account his desires. The achievement of a true ability must include constant variations in relation to tasks and contexts, able to facilitate procedures acquisition and rules in the child, rather than being aimed at the execution of individual motor performances.

Schools and other children's communities are an integral part of child's world and should be involved inside care process and sharing of goals (Galanti, 2012d).

3. Autistic Spectrum Disorders

Until the end of the 1970s, condition of autism in childhood was called infantile schizophrenia. Since 1980, with third edition of the American manual of psychiatry publication, the name becomes that of child autism, in turn placed within the broader category of Pervasive Developmental Disorders, within which four subgroups are distinguished: autism disorder, disintegrative childhood disorder, Rett's syndrome and Asperger's syndrome (APA, 1952). Following the process of discussion and redefinition of diagnostic criteria, in 2013 DSM-5 is published, which opens with a new chapter dedicated to neurodevelopmental disorders, including autism spectrum disorder. To diagnose autistic spectrum disorder it is necessary to detect a persistent deficit in communication and social interaction, associated with the presence of restricted and repetitive behaviors, interests or activities.

In most cases, this disorder is related to a genetic abnormality, due to a spontaneous DNA's part mutation, or transmitted by inheritance; in other cases, this disorder is a consequence of a congenital lesion of one or more structures of central nervous system in development, for actions of vascular causes, infectious or toxic. Genetic abnormalities or congenital lesions determine an alteration in the processes of development of central nervous system, which affects both the malfunctioning of individual functional brain systems (eg. the linguistic system), both in the lack of integration between several systems (eg. the integration of the visual system and the auditory system). The extent of the damage of each functional system affected and degree of functional disconnection between multiple systems, translate into a greater or lesser severity of clinical symptoms. Finally, there are some atypical pictures that are found in children deprived of affective relational needs at an early age, in particular in social conditions of strong marginality or in cases of early institutionalized children in contexts where they are precluded from even minimal social contacts. These subjects present isolated or combined symptoms referring to autistic spectrum.

In early deprived subjects, the intervention and social exposure determine in a short time a dramatic reduction, up to disappearance of autistic symptoms. Unlike what happens in autistic spectrum disorders, in which an organic causal component is hypothesized.

Subject context environmental is not the cause of behavioural symptoms except for rare forms of environmental deprivation, but it contributes in varying degrees to their expressiveness, together with the process of individual growth and any therapeutic-rehabilitative interventions.

The clinical manifestations already occur in child's life first months, but it is still not possible to distinguish autistic picture from some forms of intellectual disability or delay in development, or serious speech disorder. Condition natural history of the condition seems to show in typical subjects a life span trend, that is, autistic disorder nucleus and some of behavioural manifestations tend to persist, even if at times in a more attenuated form, throughout subject existence (Vannucchi, 2014). In fact, in adulthood, people with autism can acquire varying degrees of autonomy, but most of them continue to show significant difficulties in communication, social reciprocity and ability to adapt flexibly to change (Mistura, 2006).

According to DSM-5, diagnosis requires four criteria to be met:

- Presence of persistent deficits in social communication and social interaction in different contexts and must be manifested in all three of the following areas: in social-emotional reciprocity, in non-verbal communication, in development and maintenance of appropriate relationships;
- a restricted and repetitive set of behaviours, interests or activities that manifests itself in at least two of following areas: language, movements or use of stereotyped or repetitive objects, excessive adherence to routines, hyper or hypo-reactivity to sensory stimuli or unusual interests in sensory aspects of environment;
- symptoms must already be present in early childhood;
- set of symptoms must be such as to represent a significant limit to child's daily functioning.

It is necessary to have experience and use considerable caution when administering any intellectual test to an autistic subject, because bizarre behaviour and response times, conditioned by relational attitude of the moment, can mislead

operator in interpreting the result of the tests too rigidly, leading him not to be objective regarding actual level of cognitive skills. It will also be important to define language skills, to define objectives of individual therapeutic project. Possible specific medical conditions of various kinds and exposure to environmental factors in individual's history must also be considered. Autism diagnosis can also be combined with other neurodevelopmental, mental or behavioural disorders (dyspraxia, anxiety disorders, depression...) (APA, 2013).

Autism spectrum disorders evaluation is essentially clinical and cannot be separated from a careful observation of child and his behaviour. Diagnostic tools are used to confirm diagnosis and to differentiate levels of severity with respect to specific areas. These include

-ADOS (Autism Diagnostic Observation Schedule): is a semi-structured scale based on direct observation of play divided into four modules for children aged 2 and over (Lord, Rutter, Goode et al., 1989); -ADI-R (Autism Diagnostic Interview-Revised) is an interview for parents that explores autistic symptoms in the context of social interaction, communication and repetitive behaviour (Lord et al., 1994).

In child evaluation, it is also appropriate to investigate the level of intellectual development and it is essential, by the specialist doctor, to carry out a neurological examination and an examination of molecular genetics. Experts recommend early diagnosis so as to change the course of symptoms by taking care of the child and his family from the first or second year of life. The earlier an appropriate intervention is initiated, greater the possibility that the symptom intensity will decrease over time (Vicari, 2012).

Diagnostic evaluation Professionals must be constantly updated through regular participation in training events. They have an important role in that, diagnosis communication, i.e. return to parents, must not be limited to the description of child's difficulties, but must above all leverage the strengths and potential for development, in a dynamic and evolutionary perspective, leaving a door open to the possibilities of transformation. Evaluation has the purpose of enucleating and defining main functional areas (sensory, language, attention, motor skills, intentionality, etc.) with respect to the contended life of the child and involves a definition of intervention areas (outpatient, home, school, leisure ...).

After this phase, therapeutic intervention of operators' team will be able to define, for each intervention, priority areas and for each area, objectives, type and methods of intervention. Accompanying team has the task of knowing the family context and verify that it is suitable for child's needs of, also provides some advice to improve physical space and quality of interactions.

The organization of physical and social context, tailored to the person with autism spectrum disorder, occupies a primary role. In fact, it is necessary not only to provide visual support, but also to arrange and adapt environment in relation to personal space that is needed, paying attention to the brightness, colors of the walls, type of furniture and it is also appropriate to be able to anticipate and predict difficulties of child. In therapeutic project, then, will enter a network of care expanded with direct interventions to the child (rehabilitative and psycho educational) and interventions that act on context. However, we can say that there is no intervention that is good for all children with autism, nor an intervention that is good for all ages, nor an intervention that responds alone to complex needs of child and his family, we only know that the intervention program, with parents collaboration, must aim at generalization of learning, as treatment has a lifelong perspective. From kindergarten onwards, in classes attended by an autistic child, the presence of a support teacher is normally ensured and same need recalls the presence of the educator in contexts of extracurricular life. It is necessary to have teachers and educators adequately trained, to implement interventions of a certain educational value focussed on the child and its class context. Element priority is a systematic structuring of school day, through programming different activities, in a precise sequential scan and with the provision of a limited duration for each activity. It is necessary to divide tasks into simpler sequences so that child can complete them, always with teacher support, who must respect child response time. Sudden changes should be avoided and, if necessary, the child should be warned and prepared. And, consequently, its teachers must be prepared and not only the support teacher in a planning that also includes preparation, participation of other children in class. Peer group role and function when

it acts as a factor of change is of enormous educational therapeutic importance (SINPIA, 2018).

Particular attention from an institutional and social point of view needs to be developed at the end of schooling period, schooled subjects have to face new contexts and realities often without support and support. Peers relationship could be reduced and school co-educational role as organizational support and, consequently, experiences of socialization could be lost. Peers socialization experiences are one of the fundamental objectives for the conquest of autonomy and self-determination because, children with autism can receive stimuli to know, understand and open themselves to the world, they can understand that they can put themselves on same level as others, or as far as they can, gaining confidence in themselves and accepting their own limits, so as not to give up or deprive themselves of the experiences that all children make in various stages of life. It is important to encourage them to work and collaborate with children of the same age playing, organizing moments of recreation or projects, so as to give birth in children not affected by these diseases the respect and solidarity that each individual deserves, as a person. Socialisation is the basis of inclusion and consequently can defeat discrimination and distrust towards those who have limits, making us reflect on the limits of each one, even of the so-called "normal" subjects who must not be an obstacle, but a stimulus to overcome them, each as he can and in his own way.

Autistic condition inclusion is even more difficult to transfer to adult world contexts, these subjects have the right and duty to participate in social life, so have a job and be able to use various services, but often, are marginalized because it is difficult to manage their unpredictability. It is, first of all, duty of the institutions to provide work environments with adequate tutoring programs and specific predispositions of workplace, so that people with disabilities can feel fulfilled as adults, despite their limitations. Same task belongs to the communities in which these people live, who have the direct responsibility of living together, of living together in dignity both towards the person with autism and towards the community itself.

Where a full adaptation of the person with autism is not practicable, it is possible to adapt the environment to the person, with a view to favouring as an objective the maximum autonomy, even if partial.

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РОЗЛАД РОЗВИТКУ НЕРВОВОЇ СИСТЕМИ

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Стаття присвячена розгляду підходу до визначення розладів розвитку нервової системи, порушень розумового, нейромоторного й аутистичного спектру, а також тієї широкої прикордонної області, яка підпадає під поточне визначення особливих освітніх потреб. Аналіз проведено шляхом порівняння нейропсихіатричних і педагогічних аспектів зазначених розладів, і шляхом фокусування на цих двох взаємодоповнюючих дисциплінах, які можуть збагатити одна одну, взаємодіючи на границі предметів вивчення, що в більш широкому баченні, може об'єднувати терапію, догляд і освіту.

КЛЮЧОВІ СЛОВА: порушення розумового розвитку, порушення розвитку, терапія, автономія, соціалізація, освіта.

РАССТРОЙСТВО РАЗВИТИЯ НЕРВНОЙ СИСТЕМЫ

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Статья посвящена рассмотрению подхода к определению расстройств развития нервной системы, нарушений умственного, нейромоторного и аутистического спектра, а также той широкой пограничной области, которая подпадает под текущее определение особых образовательных потребностей. Анализ проведен путем сравнения нейропсихиатрических и педагогических аспектов указанных расстройств, и путем фокусировки на этих двух взаимодополняемых дисциплинах, которые могут обогатить друг друга, взаимодействуя на границе предметов изучения, что в более широком видении, может объединять терапию, уход и образование.

КЛЮЧЕВЫЕ СЛОВА: нарушения умственного развития, расстройства развития, терапия, автономия, социализация, образование.

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PSYCHOLOGICAL FACTORS OF LIFE SCRIPT' CONSTRUCTING AT MODERN YOUNG WOMEN

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The work is devoted to the problem of the personality's life script constructing. Understanding of the personality from the point of view of integrative categories, such as "lifestyle", "life script is basic ideology or present investigation. These psychological phenomena describe not only the events of a particular person's life, but also make it possible to understand one's personal qualities, self-image, patterns of behavior and relationship-building as a coherent system of interaction between the individual and the world. The psychological factors that influence the life script's construction are analyzed and summarized: the critical period of personality's development influence and the events that took place in it; the influence of family and parenting; traumatic or significant life events; transgenerational factors. An empirical study is aimed at investigating early traumatic personality experiences as a factor in the formation of a life script. The study was conducted on a student sample of young women. Early traumatic experience was operationalized through the concept of J. Young's early maladaptive schemes and the application of the "Diagnosis of early maladaptive schemes" technique. The life script is revealed through the use of the life position questionnaire, which allows one of four types of script to be established: "Winner", "Loser", "Pessimist", "Inferiority Complex". The article shows that certain types of life scripts of modern young women reveal correlative relationships with components of early traumatic personality experiences that crystallize as early maladaptive schemes. On this basis, the psychological characteristics of the basis of each four types of scripts are presented: "Winner", "Losers", "Pessimist", "Inferiority Complex ". The psychological foundations of constructive and non-constructive scripts based on early maladaptive schemes related to their construction are revealed.

KEY WORDS: life script, lifestyle, early maladaptive schemes, personality, traumatic life events, parental attitudes, young women, psychotherapy.

Problem statement. For a long period, there was a tendency in psychology to analyze the variety of manifestations of mental life from the standpoint of describing certain characteristics of personality, namely: character, temperament, personality orientation, life sense, etc. This approach often leads to creation of an isolated, unsystematic view of the individual's nature and builds disparate and disordered "map" of human life. The vector of modern psychological research is aimed at creating a systematic view of the world in which there is a person, peculiarities of its functioning and development. One of the most promising ways to achieve this goal is the development of analyzing ideas and ideas of disclosing human understanding in terms of integrative categories, such as "lifestyle", "life script", that describes not only the events of a particular person's life, but also allows to combine personal qualities, self-image, behaviors and relationships in a holistic system of personality's interaction with the world. In this approach, the aspects related to the understanding of the person as the subject of one's life are largely embodied, emphasized "authorship" in relation to one's life, possibility of "reconstruction", change of life path (Mizinova, 2013; Vereshchagina, Gagulaeva, 2016; Kostromina, Grishina, Zinovjeva, Moskovicheva, 2018).

The study of the mechanisms and factors of constructing one's own life is becoming more actual in connection with the active transformation observed in the contemporary socio-cultural space of Ukraine. The major psychological vectors of this transformation reflect the loss of the mature personality's values among young people, what evidenced by the widespread phenomenon of the devaluation of adulthood, infantilization, "change-ager", or youth lifestyles, narcissism and scarcity of semantic existential (Kocharian, Barinova, Zubenko, 2017). This is in line with the opinion of D. Stevens, who believes that many adults have stopped at a lower level in their development than their age requires (Psychology from Birth to Death. edited byRean, 2005). Therefore, the search and disclosure of the psychological units that crystallize the life script of the person, seems to be perspective not only

in terms of identifying the mechanisms of constructing the life by the individual, but also – the possibilities of correction and achievement of psychological well-being in relations with oneself and significant environment.

Problem analysis. Today, following the evolution of ideas about the life script, we can distinguish various aspects of its definition (Mizinova, 2013; Vereshchagina, Gagulaeva, 2016; Kostromina, Grishina, Zinovjeva, Moskovicheva, 2018):

-as a current life plan, characterized by unconsciousness and formed in early childhood under the influence of parents, according to which people structure longer periods of time and even their entire lives;

- the process of ordering the experience, accompanied by the symbolization of subjective experiences;

- the process of structuring the personal event picture of life, aimed at its self-improvement through creativity;

- automated event circuits - "scripts", including ideas about organized sequences of events, aim of behavior, possible role positions;

- individual or personal life in its dynamics;

- a semantic system that depends not only on socialization influence but also

built by the personality itself.

For the first time, the concept of a life script was proposed by Eric Bern and his colleagues, in particular, by Claude Steiner (Bern, 2016, Joines, Stewart, 1999). Today the concept of the script together with the ego-state model, is the central idea of transactional analysis.

E. Berne defined the script as an "unconscious life plan" or more precisely a "life plan based on childhood illusions and parental programming" (Bern, 2016, p. 37). His theory expresses the idea that a child draws up a plan of his life, and not just forms the basic outlook on life. This plan is in the form of a drama with clearly marked start, middle and end. That means E. Berne actually identifies the life scenario of a person with his fate.

Subsequently, the content of the life script concept, proposed by E. Bern, begins to be revised, in particular by abandoning its narrowly psychoanalytic interpretation. So, the dynamics of views on the life scenario are presented in the work “Life Scripts: Transactional Analysis of Unconscious Relationship Patterns” (Life Scripts: A transactional analysis of unconscious relational patterns, 2010). The main tendency is the transition from the description of the scenario determined by the parents to its socially constructivist understanding. The basis for this is a therapeutic practice that demonstrates the relationship between scenario formation and relationship therapy. Script theories based on descriptions of cognitive and other intrapsychic processes lead to the assumption that scenario change is possible through internal changes in habitual patterns of relationships. Accordingly, if the relationship forms a script, they can also transform it (Life Scripts: A transactional analysis of unconscious relational patterns, 2010, p. 77). The proof of this is the changes in life associated with the relationships formed in the course of psychotherapy.

The psychological literature analysis allows us to generalize the understanding of the psychological factors that influence the construction of one's life script. Among the most significant scientists point out the impact of the critical period (as the period of personal development) and the events that took place in it; the influence of the immediate environment (family); traumatic or significant life events; transgenerational factor; subjective factors (human decisions).

According to E. Bern's concept of transactional analysis, family and subjective factors are mainly influenced by the formation of life script: 1) parental direction (a message from parents about what to do or not to do, as well as thoughts and guidance about people and the whole world); 2) the level of personal development (first of all, it is a matter of building an effective life script: the level of intellectual development, personal competence, orientation to achieving life goals, ability to emotional manifestations, level of personal maturity); 3) decisions that were in childhood most often occur under the unconscious "pressure" of parental messages (it is a question of modeling one's own behavior); 4) true "involvement" in some particular method that carries success or failure (Bern, 2016; Makarov, Makarova, 2002).

Developing these ideas, Stan Woollems (cited by Craig, 2005; Kupchenko, 2002) has identified two key features of life script’s formation: 1. Scripts are the best strategy for a child to survive in a world that often seems hostile to him or even life-threatening; 2. script decisions are made in accordance to the emotions of the child and his or her ability to test reality.

Based on these influences, it becomes possible to form one (preferred) of the four main types of life script: 1) "I" am good, "All of them are good, life is good" - "Winner" script; 2) "I" am bad, "they are bad, life is bad" – script of "Loser", failure; 3) "I" am good, but "they are bad, life is bad" – the script of "Pessimist"; 4) "I" am bad, and "they are good" is a script of "Inferiority Complex" (Joines, Stewart, 1996).

There is a traditional "psychoanalytic" ideology regarding the crucial role of the early childhood period (up to 5-6 years) regarding the understanding of the critical periods of life script formation in the framework of transactional analysis. The life plan is formed on the basis of early life events, impressions that correlate with any familiar child script, borrowed from tales, stories, myths, legends, pictures. That is, the script is fully formed and launched at childhood. But its addition and modification is possible and later. In the adolescent life script goes through a stage of refinement, acquires a certain structure. Later, it is used by an adult to structure the living space, optimal interaction with the outside world and to predict the near and distant future.

Actually, in the theory of A. Adler (1997) considered a number of family factors that influence the construction of lifestyle. Certainly, the critical period in the formation of life style is the period of early childhood. Such factors are: the order of birth of the child in the family; the influence of parents (their actions, evaluations, emotional support or deprivation); the influence of grandparents and the presence of siblings; acceptance by the child of his name; accidental extreme events (concerns mostly adults). As the engines of personality development, A. Adler (1997) discusses 1) sense of community; 2) feelings of inferiority or inadequacy; and 3) desire for individual importance (or self-importance). The peculiarities of the interaction of these factors of personality development are reflected in the lifestyle of a person.

Transgenerational factors of life script construction are the subject of research in the works of A.A. Schützenberger, F. Dolto, N. Abraham, I. Buzormeni-Nad, who study the complex problem of transgenerational transmission of unresolved conflict, family secrets, premature deaths and the choice of profession, which are in fact part of the life plan of the father's personality (Schützenberger, 2005). Integrating different views on the problem of transgenerational transmission and conducting our own studies (using the genosociogram method), A.A. Schutzenberger concludes that the attitude of a person to life, personal successes and failures, the choice of a profession, the choice of a partner and even the age at which we decide to get marriage or childbearing may be caused by events that have occurred in the family several generations before the birth of the person.

The analysis shows that the views of different scientists are similar in the interpretation of the role of critical periods for the formation of personal lifestyles, as well as in understanding the main factors of influence. In fact, there is talk of events the traumatic nature of events that makes these events or related people meaningful and "fateful" in the way of becoming a lifestyle. For the in-depth disclosure of precisely the mechanisms that explain the role of early childhood or other critical periods of personality development, life events, and significant life-shaping individuals, we set out **the aim of our research** to investigate the impact of early traumatic experiences on a life- script formation of contemporary young women.

The following methods were used for the study:

1) Diagnosis of early maladaptive scheme (J. Young; adaptation by P.M. Kasyanik, E.V. Romanova) to determine early traumatic experiences. This technique is a questionnaire that is based on a presentation by J. Young (Handbook of Schema Therapy, 2012) regarding early maladaptive scheme (EMS). This term refers a stable set of reactions, ideas, emotions that were formed in early childhood under the influence of any adverse factors in the immediate environment. EMS are stable structures that influence the actual perception of the world and the management of one's own activities. J. Young was allocated 18 EMS, which are divided into five large groups (domains), which are related on the satisfaction of various basic needs: "Disruption of communication and rejection"; "Violated autonomy". "Targeting others"; "Violation of borders"; "Excessive vigilance and prohibitions."

2) life position questionnaire for the diagnosis of the preferred type of personality's life script. This technique was developed in the concept of E. Bern's life script. As a result, one of the four possible types of life scenario is diagnosed: "Winner"; "Loser" ("losers"); "Pessimist"; "Inferiority Complex".

Kendall correlation analysis was applied for mathematical and statistical processing.

The research sample included 105 women aged 19 to 23 who are students of higher education institutions in Kharkiv.

Research results. The results show that there are a number of correlation connections that reach statistical significance ($p < 0.05$), which form the types of life script with the EMS scales. The results for clarity are shown in the form of drawings (Fig. 1-4).

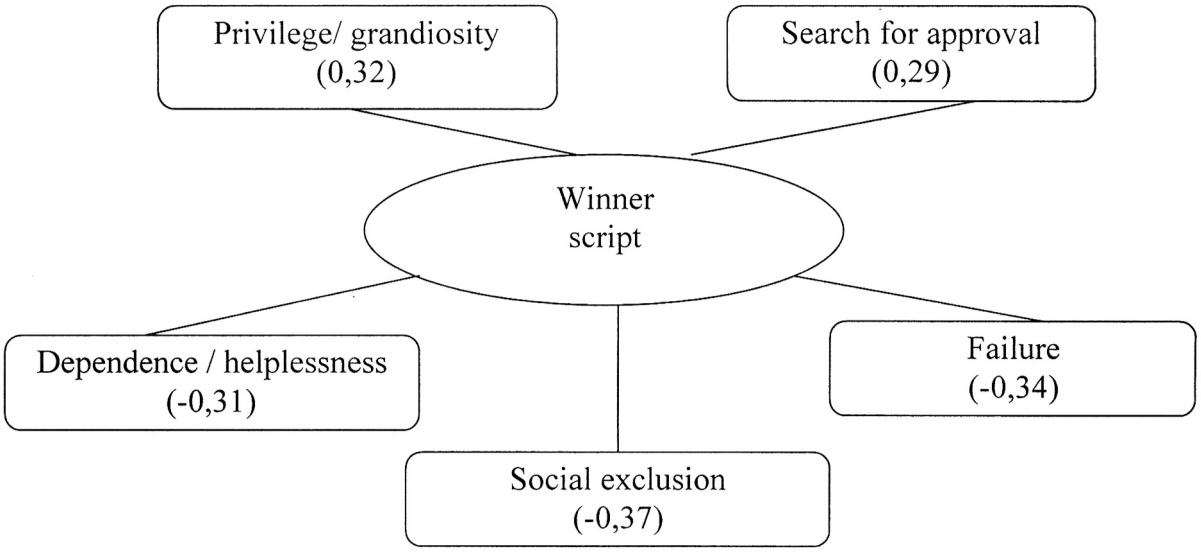

Figure 1. Correlation connection of the "Winner" script with early maladaptative scheme.

According to the above data, the "Winner "script has both positives with the "Border Crossing" and "Targeting domain", as well as negative links with the domein EMS "Autonomy Disrupting" and "Disrupting domains". Positives – formed with the following scales of the EMS methodology: privilege / grandiosity (0.32); seeking approval (0.29). Negative links to the dependency / helplessness scales (-0.31) failure (-0.34), social alienation (-0.37) were also detected. The "Winner" script usually is considered as the most adaptable and mature type, reflecting a positive attitude towards private "Self" and the world around me. However, we see that this script contains immature elements that are narcissistic traits of personality (focus on special rights and seeking approval). It is also based on mature components: social orientation, self-belief, and stability of self-identity, confirming links to low levels of social exclusion, dependence, and failure.

The following figure illustrates the EMS that underlies the "Loser" script.

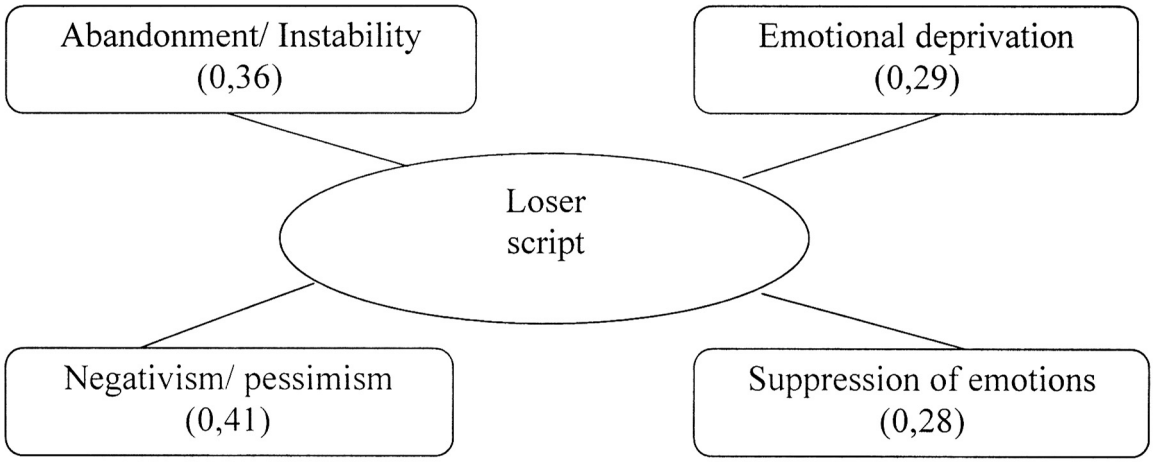

Figure 2. Correlation links of the "Loser" script with early maladaptive schemes.

The "Loser" script has links to two EMS domains: "Disruptions and Rejections" and "Excessive Vigilance and Prohibitions." All found out correlation relationships are positive and are related to the following scales: abandonment/ instability (0.36); emotional deprivation (0.29),

negativism/ pessimism (0.41); depression / suppression of emotions (0,28). That is, the basis of this scenario is to experience the rejection and suppression of basic needs.

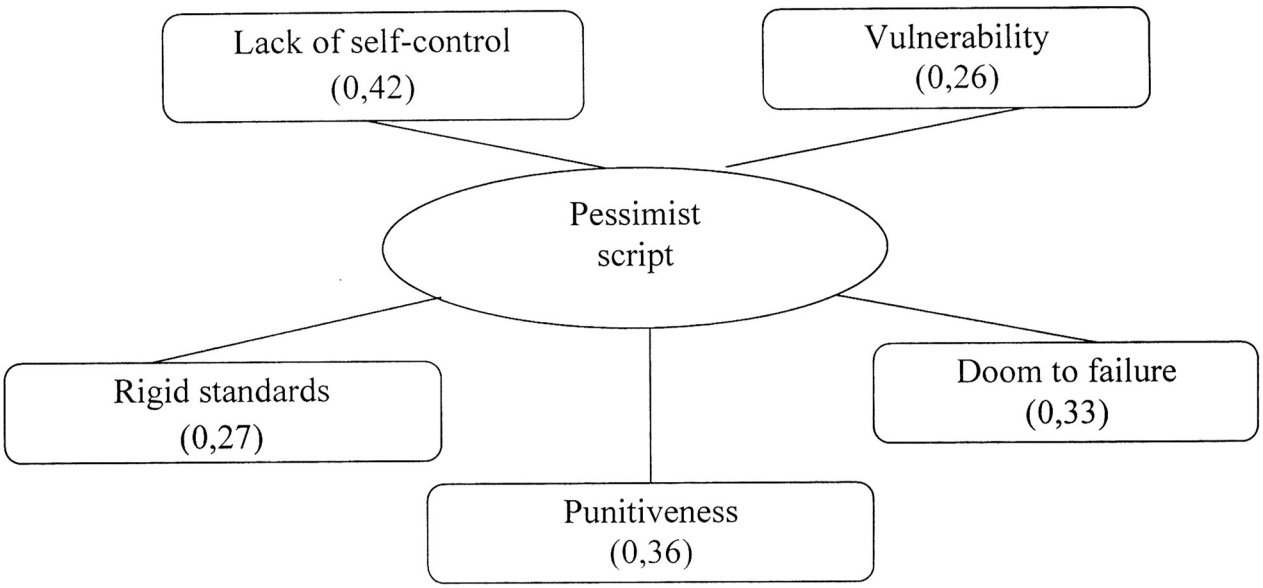

Figure 3. Correlation of the "Pessimist" script with early maladaptive schemes.

The "Pessimist" script correlates positively with EMS from "Violated autonomy", "Border violation" and "Excessive vigilance and prohibitions" domains. Positive associations were found out with indicators such as lack of self-control / self-discipline (0.42); vulnerability / tendency to physical harm or illness (0.26); doom to failure (0.33); inflated requirements for self / rigid standards (0.27); punitiveness / passivity (0.36). The results indicate that there is a foundation in the form of personality boundaries and autonomy deficits.

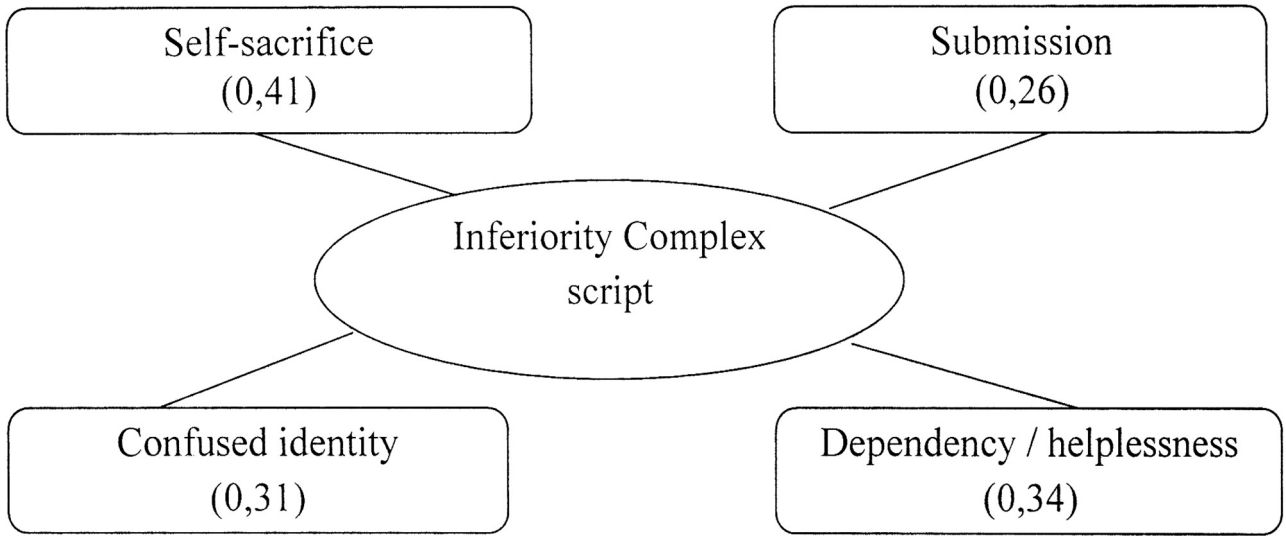

Figure 4. Correlation links of the "Inferiority Complex" script with early maladaptive schemes.

The "Inferiority Complex" script has a positive relationship with the "Orientation on others" domain and the "Autonomy violated" domain. From Figure 4 we can see that there are links to the scales: self-sacrifice (0.41); obedience / submission (0.26); confused identity / undeveloped I am (0.31); dependency / helplessness (0.34). We see that the basis of this scenario is formed by the frustration of the need for self-respect and self-importance.

All of the identified connections were obtained from the female sample and represent the stable model of the female script. In fact, "Winner" is a

script of a woman with narcissistic traits and an active social position. “Loser” reflects the behaviors of an abandoned woman who does not feel her own needs. A “Pessimist” is a woman whose personality is formed in a situation of high demands and deprivation of autonomy, such that she does not feel her own rights. And a woman with an inferiority complex has a victim behavior model.

From the results obtained, it is clear that early maladaptive schemas, which include perceptions of a person about himself, the world, and other people, play an important role in the acquisition and interpretation of life experience. The revealed links indicate that EMS are inflexible mechanisms that are capable of self-support and that form a person's ability to display only relevant scheme information, limit its behavior, and, in general, form a scenario of a person's life that may even reduce social adaptation. This aspect raises questions about the possibility of a life-cycle correction, since purposeful therapeutic work with EMS is a prerequisite for effective correction and change of the life script.

Conclusions

1. The life scripts of modern young women reveal relationships with the components of an early traumatic personality experience, which crystallizes as early maladaptive patterns.

2. The constructive variant of script - “Winner” (based on the model of E. Bern’s script), demonstrates the existence of specific EMS, reflecting narcissistic personality traits and behaviors in combination with mature traits: social orientation and confidence.

3. Non-constructive scenarios – “Loser”, “Pessimist” and “Inferiority Complex” – are based on EMS, reflecting violations of personality boundaries, lack of autonomy, traumatic experiences of abandonment and the impact of strict standards in education.

We consider the direction of research as a prospect for further work into other components of early traumatic experiences (cognitive, emotional, etc.) and their relation with life-cycle development in adulthood.

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ПСИХОЛОГІЧНІ ЧИННИКИ КОНСТРУЮВАННЯ ЖИТТЄВОГО СЦЕНАРІЮ СУЧАСНИХ МОЛОДИХ ЖІНОК

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Роботу присвячено проблемі побудування життєвого сценарію особистості. Основною ідеологією, яку покладено в основу, є розуміння людини з точки зору інтегративних категорій, накшталт «стиль життя», «життєвий сценарій». Ці психологічні феномени описують не тільки події життя конкретної людини, але й дозволяють зрозуміти особистісні якості, образ себе, моделі поведінки й побудування стосунків як цілісну систему взаємодії особистості зі світом. В роботі проаналізовано та узагальнено психологічні чинники, які впливають на побудування життєвого сценарію: вплив критичного періоду розвитку та подій, що у ньому відбувалися; вплив сім'ї та батьківських настанов; травматичні або значущі події життя; трансгенераційні чинники. Емпіричне дослідження спрямовано на вивчення раннього травматичного досвіду особистості як чиннику формування життєвого сценарію. Дослідження реалізовано на студентській вибірці молодих жінок. Ранній травматичний досвід операціоналізовано через концепцію ранніх дезадаптивних схем Дж. Янга та застосування методики «Діагностика ранніх дезадаптивних схем». Життєвий сценарій виявлено завдяки застосування опитувальника життєвої позиції, який дозволяє встановити один з чотирьох типів сценарію: «Переможець», «Невдаха»; «Песиміст»; «Комплекс неповноцінності». В роботі показано, що певні типи життєвих сценаріїв сучасних молодих жінок виявляють кореляційні взаємозв'язки із компонентами раннього травматичного досвіду особистості, який кристалізується у вигляді ранніх дезадаптивних схем. На цій основі надано психологічну характеристику базису кожного з чотирьох типів сценаріїв: «Переможця», «Невдахи», «Песиміста», «Комплексу неповноцінності». Розкрито психологічний фундамент конструктивних та неконструктивних сценаріїв на основі ранніх дезадаптивних схем, що пов'язані із їхнім побудуванням.

КЛЮЧОВІ СЛОВА: життєвий сценарій, стиль життя, ранні дезадаптивні схеми, особистість, травматичні події життя, батьківські настанови, молоді жінки, психотерапія.

ПСИХОЛОГИЧЕСКИЕ ФАКТОРЫ КОНСТРУИРОВАНИЯ ЖИЗНЕННОГО СЦЕНАРИЯ У СОВРЕМЕННЫХ МОЛОДЫХ ЖЕНЩИН.

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Работа посвящена проблеме построения жизненного сценария личности. Основной идеологией, какая-нибудь положена в основу, является понимание человека с точки зрения интегративных категорий, таких как «стиль жизни», «жизненный сценарий». Эти психологические феномены описывают не только события жизни конкретного человека, но и позволяют понять личностные качества, образ себя, модели поведения и построения отношений как целостную систему взаимодействия личности с миром. В работе проанализированы и обобщены факторы, влияющие на построение жизненного сценария: влияние критического периода развития и событий, которые в нем происходили; влияние семьи и родительских установок; травматические или значимые события жизни; трансгенерационные факторы. Эмпирическое исследование направлено на изучение раннего травматического опыта личности как фактора формирования жизненного сценария. Исследование реализовано на студенческой выборке молодых женщин. Ранний травматический опыт операционализован через концепцию ранних дезадаптивных схем Дж.Янга и применения методики «Диагностика ранних дезадаптивных схем». Жизненный сценарий выявлен путем применения опросника жизненной позиции, который позволяет установить один из четырех типов сценария: «Победитель», «Неудачник»; «Пессимист»; «Комплекс неполноценности». В работе показано, что определенные типы жизненных сценариев современных молодых женщин обнаруживают корреляционные взаимосвязи с компонентами раннего травматического опыта личности, который кристаллизуется в виде ранних дезадаптивних схем. На этой основе предоставлено психологическую характеристику базиса каждого из четырех типов сценариев: «Победитель», «Неудачник», «Пессимист», «Комплекс неполноценности». Раскрыто психологический фундамент конструктивных и неконструктивных сценариев на основе ранних дезадаптивных схем, связанных с их построением.

КЛЮЧЕВЫЕ СЛОВА: жизненный сценарий, стиль жизни, ранние дезадаптивные схемы, личность, травматические события жизни, родительские установки, молодые женщины, психотерапия.

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STRUCTURAL FEATURES FOR COGNITIVE REPRESENTATIONS OF TRAUMATIC EMOTIONAL EXPERIENCE AMONG DEMOBILIZED COMBATANTS IN UKRAINE WITH POST-STRESS PSYCHOLOGICAL DISADAPTATION

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Problem definition In the scientific literature, there is a certain polyparametric nature of approaches to treating PPD (post-stress psychological desadaptation) in military personnel, which adds to the difficulty of dealing with their complaints and is complicated by resistance to therapeutic work with PPD. Also described (Yermoshin AF, Kocharian AS) some features of traumatic experience of personality, namely traumatic experiences: their somatization, fragmentation, cyclicity, etc. The cognitive component of traumatic experience, which is manifested in PTSD in military personnel, remains insufficiently disclosed. *Problem analysis* The results of both theoretical and practical studies that have attempted to determine the features of cognitive representations of traumatic experiences of military personnel are fragmentary in nature. The concept of "emotional sphere" proposed by Elliott R. and Greenberg L. includes the cognitive component, as one of the basic parts of traumatic personality experience, which can be used to conceptualize in the study of the traumatic experience of servicemen. *The purpose of the study* To determine structural features of cognitive representations of traumatic experience in Soldiers with PPD. *Description of the sample* The sample consists of two groups. The first group included middle-aged men who had served in the ATO area and were demobilized in the amount of 100 people. The second group is identical in terms of the above characteristics, but these are those servicemen who have Mississippi scale scores that correspond to the severity of the PDD. *Conclusions:* Demobilized PPD combatants exhibited a pronounced expression of all cognitive representations of traumatic experiences that are substantially closer to the themes of abandonment, humiliation, and injustice, at a significantly higher level than those demobilized without PPD. expressiveness of cognitive representations on the topics of trauma of abandonment, humiliation and injustice in the interaction of which revealed the phenomenon of "wrecking", do not contribute to the occurrence of PPD, unless potentiated by appropriate infantile traumatization.
KEY WORDS: military personnel, post-stress, traumatic experience, structure, cognitive representations.

Problem statement: ATO participation leads to a deterioration of the mental and psychological health among military. According to the Prosecutor General of Ukraine (Anatoly Matios) , there are suicides (518 cases), aggressive attitude often associated with alcohol consumption and other addictive behaviours (15% of crimes related to servicemen are due to alcohol or drug use, and every sixth non-military loss is associated with drinking), problems with re-socialization and readaptation. One of the key issues remains the reduction of symptoms for post-stress psychological disadaptation (PTSD), which are often resistant to therapy.

Existing approaches to the conceptualization of the mechanisms and factors behind the formation of PTSD reflect medical and psychological aspects. The cognitive sphere is seen as the one which suffers from stress. There are various manifestations of cognitive impairment. Meanwhile, the cognitive sphere as such, which participates in the pathogenetic mechanisms of PTSD and in its donozological variant – post-stress psychological disadaptation – is generally not considered enough. However, in emotionally focused therapy the affection becomes central to the understanding of psychogenesis.

Problem analysis: In science, the issue of military traumatic experience is defined as PTSD, which has undergone serious analysis, including by domestic authors: Shestopalova L.F., Markova M.V., Podkorytov V.S., Maruta N.O., Rachkauskas G.S., Bolotov D.M., Belov V.G. and others. The main criteria that characterize PTSD are: 1) the stress state experienced, 2) the influx of memories about the place where life threatening situations took place, the emergence of “guilt for surviving” before the victims, dreaming with nightmarish scenes of the experience, 3) the desire to avoid emotional strain, fear of distressing memories, non-contact with others, 4) a complex of neurasthenic disorders mainly with increased irritability, decreased concentration, attention, “tonus of functioning”, 5) stigma of certain patho-characteristic symptoms

and tendencies in the formation of psychopathic tendencies with antisocial behavior episodes (alcoholism, drug abuse, cynicism, lack of respect for officials). Smirnova L.V., analyzing the predictors of PTSD, points to their great variation: psychiatric injuries at an early age, hereditary load of mental illness, and factors of retraumatization, as indicated by S. Robert (Kocharyan, 2014; Kozyra, 2016; Kozyra, 2016; Kharchenko, 2017; Методичні рекомендації, 2014; Kokun, 2016; Workshop, 2001; Tarabrina, 2007; Lauterbach, 1995). There are data regarding personality traits as predisposing factors for PTSD: V.M. Litkin points to emotional instability and certain personality traits, V.D. Vid and E.M. Yepachintsev talks about emotional instability and increased anxiety, M.A. Jishkariani emphasizes the importance in the influence of asthenic traits, there are ideas of PTSD on the "basis" of mental illness and the dominance in one of the basic emotions, as a predictor of PTSD – the main component of this experience and idea of its intensification or attenuation, etc. However, the military has a certain number of disorders on the preclinical level, one of which includes post-stress psychological disadaptation, which is understudied in psychology, although as Safin O.D. notes, it is manifested in a much larger number of military than PTSD. Hereinafter, we will refer to the term “post-stress psychological disadaptation” (PPD), which was introduced and substantiated in the work of P.P. Trump. At the same time, the scientist notes that "disadaptation of the psychological level is most fully characterized by the general deviant syndrome of personal adaptation", not specific and polymorphic manifestations of which represent this donozological level of response to a stressful situation. Analyzing this issue, Kozira P.V. points to the work of such scientists as Zagurovsky V.M., Bulan A.A., Alexandrovskiy Yu. A., Gurevich P.S., who emphasize the dependence of the specific response to the stress among military on the character, personality, duration and intensity of stress factors, maturity and adequacy of protective mechanisms (Kozyra, 2016; Kozyra, 2016; Kharchenko, 2017). From our point of view, it is a constructive idea of the emotional scheme, which is developed within the concept of procedural-experimental psychotherapy (PEP) by L. Greenberg, R. Elliott (Kharchenko, 2017; Методичні рекомендації, 2014). Cognitions, as part of this scheme, in some way determine and connect motivation, cognitive realm, memory system and bodily manifestations. Given the importance of cognitive representations in the emotional experience for the individual in the fullness of psychological health, which is shown in the works performed under the guidance of A.S. Kocharian and co-authors, it is necessary to fill this field with the results of researches that create a unified concept of structure for traumatic emotional experience among demobilized (Kocharyan, 2014; Workshop, 2001; Lauterbach, 1995).

The purpose of the study is to determine the structural features for cognitive representations of infantile traumatic experience among demobilized combatants in Ukraine with post-stress psychological disadaptation.

Sample description The study was conducted on the basis of Kharkiv Regional Organization for ATO Veterans. Two groups were formed with a total number of 200 people. The first group included 100 demobilized combatants with post-stress psychological disadaptation (group 1). Post-stress psychological disadaptation is a subclinical manifestation of disadaptation, which we diagnosed on the Mississippi scale for evaluating post-traumatic reactions (military option) as a sign of PTSD. The demobilized were not treated in the hospital and were not diagnosed with PTSD. Psychological signs were as follows: anxiety, irritability, mood swings, aggression, fear, sleep disturbance, decreased and mood swings, change of attitude to oneself and others. The second group included 100 middle-aged men without post-stress psychological disadaptation who were demobilized combatants (group 2).

Results of research and their validation.

Beck A., Ellis A., McMullin R. note that the existence of nonadaptive structures for cognitive sphere is a major cause of disturbance in "psychological homeostasis" (A. Beck's term). Nonadaptive cognitions are organized around rooted beliefs, which are the basic cognitive formations, as a consequence of traumatic personality. They cause most of the destructive behavioral patterns to emerge (Tarabrina, 2007).

In the concept of emotional scheme, the qualitative features of the cognitive component are interrelated with its other components, but have their specific place in the functioning of the traumatic experience. Based on Burbo L.'s theoretical foundations (characteristics of infantile trauma), we

have formulated fifteen cognitive representations of traumatic experience (five for each trauma, respectively) to diagnose the cognitive equivalent of traumatic experience (Lauterbach, 1995). Since the difference in the severity of injuries between Gr. 1 and Gr. 2 was found to be "abandonment", "humiliation" and "injustice" (see Table 3.1), and it was appropriate to formulate cognitive representations of traumatic experiences that are characteristic only for these types of infantile traumas. Subsequently, an expert evaluation of these representations was carried out. Experts were selected by the specialists of the faculty of psychology in Kharkiv National University named after V. N. Karazin and psychology department of the National Aerospace University named after M.E. Zhukovsky "KhAI". The expert evaluation was carried out in two stages. First, the experts made their comments on the correctness and accuracy of representation shape. Following the information collected, they were adjusted and re-offered to experts for evaluation. The degree of meaningful validity for each cognitive representation in traumatic experience was evaluated on a five-point Likert-type scale. Subsequently, those cognitive representations of traumatic experience (three for each of the traumas) were left, resulting in high total scores and significant coefficients for internal consistency of experts. The data are shown in Table 1.

Table 1.

Internal consistency indicators among experts in cognitive representations of traumatic experience

Trauma	Cognitive representation	W
Abandonment	Occasionally there appear thoughts that I was left alone with my problems.	0,77*
	I occasionally get the idea that I can do little myself.	0,74*
	To be successful, you need to listen maximum suggestions from others.	0,65*
Humiliation	I believe that certain conditions of my life are humiliating.	0,81*
	Sometimes I disagree with that, but others say I take too much work	0,67*
	If there is a difficult life situation in dealing with people that are important to me (for example: conflict, quarrel), to resolve it sooner, it is better to act as a man and accept the blame for the situation.	0,73*
Injustice	I think they often act unfairly to me.	0,69*
	I believe that everything must be always striving for perfection.	0,76*
	If a person close to me works and I am resting at this time, I find injustice and my unforgivable guilt.	0,68*

Note: W – the Kendall coefficient of concordance; * - $p \leq 0,05$.

Demobilized received a Likert-type rating scale: 1) strongly disagree; 2) disagree; 3) neither agree nor disagree; 4) agree; 5) strongly agree.

When processing the results of the survey, points were scored from 1 to 5 in accordance with the variants of the answers, that is, 1 point - when answering "strongly disagree" and 5 points - when answering "strongly agree". Subsequently, the scores on the three representations of each trauma for each subject were summed up. The significance of the difference in the total scores for each of the injuries between demobilized with and without PPD is presented in Table 2.

Demobilized combatants with PPD show an expression of all cognitive representations in traumatic experiences that are substantially closer to the topics of abandonment, humiliation and injustice, at a significantly higher level than those demobilized without PPD. Therefore, current traumatic experiences reflect relevant childhood traumas that are filled with new meaningful content but generally correspond to infantile traumas.

The structure for cognitive representations of traumatic experience by the above types of traumas in Gr. 1 and Gr. 2 is given in Table 3.

Table 2.

Difference of expressiveness in cognitive representations with traumatic subjects by Burbo L. between Gr. 1 та 2

Designation of representations	Xmiddle		U
	Gr. 1	Gr. 2	
Abandonment	7,13	5,28	1394*
Humiliation	7,25	3,65	1011**
Injustice	8,22	4,74	993**

Note: Xmiddle is the mean score of traumatic cognitive expressions; U - Mann-Whitney criterium; * - p≤0,05; ** - p≤0,01.

Table 3.

Structural features for cognitive representations of traumatic experience among demobilized Gr. 1 and Gr. 2

Representations by traumas	Abandonment	Humiliation	Injustice
Abandonment	1,00**	0,21**	0,20**
Humiliation	0,02	1,00**	0,18*
Injustice	0,05	0,16*	1,00**

Note: top of the table – results for Gr. 1; bottom of the table – results for Gr. 2; * - p≤0,05; ** - p≤0,01.

The differences between the structures for cognitive representations of traumatic experience among demobilized combatants with and without PPD were identified (see Table 3.). In the case of demobilized PPDs, these features consist of "sticking together" and potentiating representations on the topics of trauma of abandonment, humiliation and injustice, and in creating an interconnected conglomerate of traumatic experience. Therefore, the emergence in the cognitive sphere of demobilized at least one cognitive representation of traumatic experience in one of these traumas may actualize the entire structure of traumatic experience at the cognitive level. Demobilized men without PPD have no analogue of the above cognitive formation. Gr. 2 reveals a link between cognitive representations on the topics of trauma of humiliation and injustice. Since the severity of these infantile traumas among demobilized without PPD is insignificant, it is possible that the formation of cognitive representations of traumatic experience is not infantile but actual in nature. For a more detailed study for the peculiarities of the structure in cognitive representations of traumatic experience, 19 demobilized were selected, which revealed the highest rates for all representations (3-4 points). For them, the mean of the severity in the three injuries mentioned above was calculated, namely: abandonment - 23.42; humiliation - 23, 21; injustice - 25.43. These figures were lower than the similar figure for all Gr. 2. For those 19 demobilized, structural features of cognitive representations of traumatic experience were identified. The results are presented in Table 4.

Table 4.

Structural features for cognitive representations of traumatic experience among demobilized without PPD with high rates of representation

Representations by traumas	Abandonment	Humiliation	Injustice
Abandonment	1,00**	0,15*	0,14*
Humiliation	0,15*	1,00**	0,23**
Injustice	0,14*	0,23**	1,00**

Note: top of the table – results for Gr. 1; bottom of the table – results for Gr. 2; * - p≤0,05; ** - p≤0,01.

The results presented in Table 4 prove that demobilized without PPD with high levels of cognitive representations have similar "sticking together" to that found among demobilized without PPD. As the indicators for the severity of infantile injuries of abandonment, humiliation and injustice are insignificant; we can assume that these are cognitive representations, reinforced by the influence of current experience. Therefore, the severity of cognitive representations on the topics of abandonment trauma, humiliation and injustice in the interaction of which revealed the phenomenon of "wrecking", do not contribute to the occurrence of PPD, unless potentiated by appropriate infantile traumatization.

Conclusion

1. Demobilized combatants with PPD show an intensity of all cognitive representations in traumatic experiences that are substantially closer to the topics of abandonment, humiliation and injustice, at a significantly higher level than those of demobilized non-PPDs. Therefore, current traumatic experiences reflect relevant childhood traumas that are filled with new meaningful content but generally correspond to infantile traumas.

2. In demobilized PPDs, the peculiarities in the structure for cognitive representations of traumatic experience consist of the "sticking together" and potentiation of representations on the topics of trauma of abandonment, humiliation and injustice and in the formation of an interconnected conglomerate of traumatic experience.

3. Expressiveness of cognitive representations on the topics of trauma of abandonment, humiliation and injustice in the interaction of which there is a phenomenon of "sticking together" (among demobilized without PPD), do not predispose to occurrence of PPD, unless potentiated by appropriate infantile traumatization.

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СТРУКТУРНІ ОСОБЛИВОСТІ КОГНІТИВНИХ УЯВЛЕНЬ ТРАВМАТИЧНОГО ЕМОЦІЙНОГО ДОСВІДУ СЕРЕД ДЕМОБІЛІЗОВАНИХ УЧАСНИКІВ БОЙОВИХ ДІЙ В УКРАЇНІ З ПОСТСТРЕСОВОЮ ПСИХОЛОГІЧНОЮ ДЕЗАДАПТАЦІЄЮ

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Постановка проблеми. В науковій літературі існує певна поліпараметричність підходів щодо лікування ППД (постстресової психологічної дезадаптації) у військовослужбовців, що додає проблемності у роботі з їх скаргами та ускладняється

резистентністю щодо терапевтичної роботи з ППД. Також описані (Єрмошин А.Ф., Кочарян О.С.) деякі особливості травматичного досвіду особистості, а саме – травматичних переживань: їх соматизація, фрагментарність, циклічність та ін. Не достатньо розкритим залишається когнітивний компонент травматичного досвіду, що проявляється при ППД у військовослужбовців. *Аналіз проблеми.* Результати як теоретичних, так і практичних досліджень, в яких робилися спроби визначити особливості когнітивних репрезентацій травматичного досвіду військовослужбовців, мають фрагментарний характер. Концепція «емоційної сфери», запропонована Еліоттом Р. та Грінбергом Л., включає в себе когнітивну складову, як одну з базових частин травматичного досвіду особистості, що може бути використано для концептуалізації в дослідженні структури травматичного досвіду військовослужбовців. *Мета дослідження* - визначити структурні особливості когнітивних репрезентацій травматичного досвіду у військовослужбовців з ППД. *Опис вибірки.* Вибірка складається з двох груп. До першої увійшли чоловіки середнього віку, які пройшли службу в зоні АТО та були демобілізовані у кількості 100 чоловік. Друга група за вищезазначеними характеристиками ідентична, але це ті військовослужбовці, котрі мають показники за Міссісіпською шкалою, що відповідають вираженості ППД. *Висновки.* У демобілізованих учасників бойових дій з ППД виявлено вираженість за всіма когнітивними репрезентаціями травматичного досвіду, які є за змістом близькими до тематик покинутості, приниження та несправедливості, на суттєво більшому рівні, ніж у демобілізованих без ППД. вираженість когнітивних репрезентацій за тематиками травм покинутості, приниження та несправедливості у взаємодії яких виявлено феномен «злипання», не придеспонують до виникнення ППД, якщо не потенціюються відповідною інфантильною травматизацією.

КЛЮЧОВІ СЛОВА: військовослужбовці, постстрес, травматичний досвід, структура, когнітивні репрезентації.

СТРУКТУРНЫЕ ОСОБЕННОСТИ КОГНИТИВНЫХ РЕПРЕЗЕНТАЦИЙ ТРАВМАТИЧЕСКОГО ЭМОЦИОНАЛЬНОГО ОПЫТА У ДЕМОБИЛИЗОВАННЫХ КОМБАТАНТОВ В УКРАИНЕ С ПОСТСТРЕССОВОЙ ПСИХОЛОГИЧЕСКОЙ ДЕЗАДАПТАЦИЕЙ

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Постановка проблемы. В научной литературе существует определенная полипараметричность подходов касательно лечения ППД (постстрессовой психологической дезадаптации) у военнослужащих, что добавляет проблемности в работе с их жалобами и усложняется резистентностью касательно терапевтической работы с ППД. Также описаны (Ермошин А.Ф., Кочарян А.С.) некоторые особенности травматического опыта личности, а именно – травматических переживаний: их соматизация, фрагментарность, цикличность и др. Не достаточно раскрытым остается когнитивный компонент травматического опыта, который проявляется при ППД у военнослужащих. *Анализ проблемы.* Результаты, как теоретических, так и практических исследований, в которых делались попытки определить особенности когнитивных репрезентаций травматического опыта военнослужащих, имеют фрагментарный характер. Концепция «эмоциональной сферы», предложенная Элиоттом Р. и Гринбергом Л. включает в себя когнитивную составляющую, как одну из базовых частей травматического опыта личности, что может быть использовано для концептуализации в исследовании структуры травматического опыта военнослужащих. *Цель исследования:* определить структурные особенности когнитивны репрезентаций травматического опыта у военнослужащих с ППД. *Описание выборки.* Выборка состоим из двух групп. В первую вошли мужчины среднего возраста, которые прошли службу в зоне АТО и были демобилизованы – 100 человек. Вторая группа за вышеуказанными характеристиками идентична, но это те военнослужащие, которые имеют показатели за Миссисипской шкалой, что соответствуют выраженности ППД. *Выводы.* У демобилизованных участников боевых действий с ППД определено выраженность за всеми когнитивными репрезентациями травматического опыта, которые по содержанию близки к тематикам брошенности, унижения, и несправедливости, на существенно большем уровне, чем у демобилизованных без ППД. Выраженность когнитивных репрезентаций за тематиками травм брошенности, унижения, и несправедливости во взаимодействии которых выявлен феномен «слипания», не придеспонирует к возникновению ППД, если не потенцируется соответствующей инфантильной травматизацией.

КЛЮЧЕВЫЕ СЛОВА: военнослужащие, постстресс, травматический опыт, структура, когнитивные репрезентации.

SECTION: SEXOLOGY AND GENDER PSYCHOLOGY
РОЗДІЛ: СЕКСОЛОГІЯ ТА ГЕНДЕРНА ПСИХОЛОГІЯ

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HYPERSEXUALITY IN THE FORM OF PORNO ADDICTION: CLINICAL OBSERVATION

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The article reports on the categories, which are related to hypersexuality and contained in the International Classification of Diseases, 10th Revision (ICD-10) (1994), the American Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (2013) and the ICD-11 project (Kraus Shane W. et al., 2018). Also, 4 conceptualizations of hypersexuality are named: obsessive-compulsive (Bancroft J., Vukadinovic Z., 2004), addictive (Carnes P., 1983), due to an impaired control of impulses (Kraus Shane W. et al., 2016) as well as associated with the persistent sexual arousal syndrome / the persistent genital arousal disorder and the restless genital syndrome (Kocharyan G.S., 2019). A clinical observation, made by the author, is presented; in his opinion, it corresponds with the model of hypersexuality as sexual addiction (porn addiction), though when comparing criteria of sexual addiction and compulsive disorder of sexual behaviour, which was included into the ICD-11 project (Kraus Shane W. et al., 2018), a conclusion can be drawn about their correspondence. During his first visit a 32-year-old man complained of continuously disturbing thoughts about sex and a difficult control of sex impulses, which were realized during masturbation, 80% of its cases occurring with use of Internet porn. He masturbated every day or on alternative days mostly at work, as he was alone at his place of work. He watched clips with different heterosexual plots (vaginal and oral sexual intercourses), sadomasochist and lesbian subject matters as well as clips where a woman copulated with a dog. Due to his problem, which appeared when he was 18, the patient felt constant depression since the age of 22. Interestingly, it was difficult for the patient to connect with females. His last sexual intercourse was at the age of 25. Hypnosuggestive therapy in the variant of programming was the basic method of treatment of the patient. Suggestions were made, they being focused on: reduction/elimination of the compulsion for masturbation and porn (particularly its non-normative variants); increase of the sexual drive to real women in real life; increase of a possible control over sexual addictive impulses; easiness in communication with women; mood improvement. All in all, 7 hypnosis sessions were conducted, as the patient could not continue his treatment due to objective reasons. It is noted that the patient had porn addiction, which was supported by his difficulty in connecting females. The above addiction was well controlled with help of hypnosuggestive therapy (the basic method of treatment) supplemented with reading of religious and philosophic literature, which made it possible to weaken addictive drives by distraction (an auxiliary therapeutic effect). The patient's set that it was necessary to keep almost complete sexual abstinence which, in his opinion, was useful for his organism, resulted in the situation that sexual drives and their realization, which appeared much less often that before the treatment and were even more than "within the normative line", were perceived by him as addictive, though really they were not any more. Due to an insufficient duration of the treatment one cannot exclude a possibility of the patient's gradual "sliding" into sexual addiction (porn addiction), this fact necessitating the control of his state.
KEY WORDS: hypersexuality, porn addiction, clinical observation, man, hypnosuggestive therapy.

The International Classification of Diseases, 10th Revision (ICD-10) (1994) has the category F52.7 – "Excessive sexual drive". Also, ICD-10 has the code F98.8 – "Excessive masturbation". The last American Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (2013) does not contain any category that would correspond to excessive sexual drive. Nevertheless there were suggestions to include hypersexual disorder as psychic pathology into the section of "Sexual Dysfunctions" of DSM-5, but it did not happen.

The ICD-11 project does not contain the diagnostic category "Sexual addiction" either. At the same time, the code 6C92 "Compulsive sexual behaviour disorder" (CSBD) was included into the

ICD-11 project; this disorder is characterized by a constant inability to control intense repeated sexual impulses or drives with resultant repeated sexual behaviour (Kraus Shane W. et al., 2018).

At present, there are several conceptualizations of pathologic hypersexuality: obsessive-compulsive (Bancroft J., Vukadinovic Z., 2004), addictive (Carnes P., 1983) and due to an impaired control of impulses (Kraus Shane W. et al., 2016). We have additionally isolated its conceptualization related to the persistent sexual arousal syndrome (PSAS) / persistent genital arousal disorder (PGAD) and restless genital syndrome (ReGS) (Kocharyan G.S., 2019).

In our opinion, each of the above conceptualizations (models) of pathologic hypersexuality is useful in certain cases as it characterizes better than others the state of the particular patient. It should be noted that these models can "cross" on one patient, their manifestations following one another in the dynamics of the course of hypersexuality (Kocharyan G.S., 2019).

Below we present our clinical observation that, as we believe, corresponds with the model of hypersexuality as sexual addiction (porn addiction), though when comparing criteria of sexual addiction and compulsive sexual behaviour disorder, which was included into the ICD-11 project, (Kraus Shane W. et al., 2016), we can draw a conclusion about their correspondence.

Patient T., aged 32, single, did not have a female sexual partner; had higher technical education; worked as a computer numerically controlled operator. He lived with his mother in a three-room flat. He sought medical advice on September 27, 2019.

Complaints and anamnesis. He complained of porn addiction as well as that he could not establish relations with women (it was difficult to get acquainted and maintain communication). He also felt anxious with constant thoughts about sex; it was difficult for him to suppress sexual impulses, which he realized via masturbation, it being combined with Internet porn in 80% of cases. He watched clips with different heterosexual plots (vaginal and oral sexual intercourses), sadomasochist and lesbian subject matters as well as clips where a woman copulated with a dog. When he watched sex with dogs, it resulted in the appearance of depression; therefore he tried to restrain himself from watching such plots. As for clips with heterosexual content, women with any body build at the age of 20-40 years featured there. Mainly every day or on alternative days he masturbated to porn at work, as he was alone at his place of work and had much free time. At home, he masturbated once a week with involvement of sex fantasies. He intentionally disconnected Internet at home in order to control himself easier, though sometimes he connected it. Porn addiction, and sexual addiction in general, oppressed him that manifested with "depression". He noted that he faced the above problem at the age of 18, when Internet appeared in his life. It was from that time that his attitude to the above addiction became negative.

He felt a constant feeling of depression since the age of 22, relating it to sexual addiction and a failure to get acquainted with a girl. His sleep was normal; after it he felt well-rested. He was calm, good-tempered and without any anxiety.

He had been ***masturbating*** since the age of 7. At first, he masturbated once a month. That frequency lasted till 18. Then he started masturbating once every 3 days. Later the frequency of masturbation depended on the fact how he managed to control his sexual impulses. He tried to reduce his masturbation frequency to once a month, but seldom succeeded in it. One time he refrained from masturbation during 45 days. Before he transferred to his last job (a little more than a month before) he masturbated more seldom, because there were not such conditions at work. Each masturbation lasted from 15 to 30 minutes, and 5-10 minutes later was followed with the first dry orgasm (at the age of 25 he learned to achieve an orgasm without ejaculation). During the whole period of masturbation he achieved 1-2 such orgasms. But if the desire existed he could ejaculate, as it depended utterly on him. He allowed himself to ejaculate once during half a year (he read in Internet that not to come was not harmful). He did not ejaculate as he believed that during ejaculation much energy was lost, and if he masturbated at work it additionally created problems with collection of sperm. He learned dry orgasm having read pertinent literature. At the moment of orgasm he contracted his pubococcygeal muscles, and no ejaculation occurred. During masturbation his erection was moderate; in his adolescence life it was better. The

more he refrained the better was his erection, even it could be full.

Nocturnal emissions were from his adolescence life.

The first ejaculation occurred at the age of 9 during masturbation, then "the first orgasm might happen".

Platonic libido emerged at the age of 8. Then he fell in love with a girl, but never confessed his love to her. He tried to do it at the age of 12, but never did it. He told her, "Let's be friends", but the matter did not get any farther. He did not date her.

Erotic libido. He could not say exactly when it appeared.

Sexual libido. Fantasies about having a sexual intercourse developed in him from the age of 16 or so.

Erotic dreams. He remembered 3-5 such dreams during all his life. He did not remember when they appeared for the first time. At the age of 25 he had the following dream: "It was night, at a cemetery, under the moonlight; there was a grave there, and a young woman lay in it (neither dead nor alive). Behind her there was a cross. She sat up and asked him, "Why don't you pay any attention to me?" Then she began to beat her back against the cross, and later her body broke into two parts at the level of her waist." The woman (aged 20 to 30) wore a medieval dress. He kept that dream in mind very well. He did not remember any dreams at all after he was 25.

At the age of 14 he attempted to get acquainted with a girl, but the result was mixed, without any continuation. At the age of 18 he was dating a girl during 2 months. They kissed, hugged each other, but did not have any sexual intercourses. At the same age he tried to have a sexual intercourse with another girl of his age, but failed miserably because of absence of erection. He was not drunk and/or tired at that time, and he liked the girl. He got upset, but not too much. The girl comforted and cheered him up. She had a lot of sexual contacts before. At the age of 25 he got acquainted with a woman who was 7 years older than him. He was dating her for 5 months. During that time there were about 10 normal sexual intercourses. At the ages of 27 and 29 he tried to get acquainted with girls several times. Successful were the attempts, which took place in companies, but then he did not make any attempts to have a sexual intercourse. His last sexual intercourse occurred at the age of 25.

He explained the absence of his sex life by the fact that it was difficult for him to get acquainted with girls/women, "I don't know what to tell them, it is difficult to put my feelings into words, and I don't dare to approach them because I don't know how to behave."

He made a lot of attempts to get acquainted with help of dating sites. He dated girls/women about 10 times, but never got to a sexual intercourse. Once he got acquainted with a girl from another town. He went to her, she came to him, but without any sexual intercourses.

He did not smoke at the time of his visit. At the age from 8 to 16 he used to smoke or give up smoking. Up to the age of 12 he smoked without dragging. At first he smoked 3 cigarettes a day, and beginning from the age of 13-14 their number became 5. During two previous years he did not drink alcohol at all. Earlier he used to drink moderate amounts of alcohol, but not often. Between the ages of 18 and 30 approximately once a month he smoked cannabis that relaxed him, produced a flight of imagination and more vivid sensations during sexual daydreaming.

He got satisfactory and good grades at secondary and vocational schools, and had higher technical education (after extramural study).

His mother and father were always on bad terms, they often rowed with each other. The patient's father was on bad terms with his father (the patient's grandfather) too. The patient's grandfather gave a bad time to his father, and once the latter said that if it went on he would kill the patient's grandfather. When he was 15, his father left their family. His grandfather was captured by Germans. The patient did not know whether his grandfather was jailed later. After a long period of time his father and grandfather made up a quarrel. His father served a term of imprisonment during 2-3 years "for some trifle". He committed suicide in 2016 (at the age of 73). His father felt like a failure and shunned by the patient's mother. "His temper ranged from emotional abuse (he did not allow himself any physical coercion) to extremely ignominious sentimentality". He abused his son (our patient) psychologically, they swore at each other. The patient was on good terms with his mother.

He refused having any chronic diseases; he did not have brain injuries.

Objective data. His height was 175 cm, the body mass was 68 kg, he was normosthenic; his

pubic hair growth corresponded to 6 points (by G.S. Vasilchenko's scale of vector determination of sexual constitution). The size of his penis and testes was normal, the glans penis easily opened. The scrotal folds and pigmentation were sufficient. On palpation, the epididymides were painless and not indurated.

Recommendations: hypnosuggestive and behavioural (use of unpleasant sounds, if addictive drives appeared) therapy.

3.08.2019. During the period after his initial examination he watched porn, but did not masturbate. We discussed how one should get acquainted with women. The following additional information was received. When he was born his father was 43, and his mother was 36; a caesarian section was used, but without any complications during delivery, he was born healthy. His father and other immediate family members were not followed up by psychiatrists (though it is worth reminding that the patient's father committed suicide).

3.08.2019. The 1st session of hypnosuggestive therapy was conducted. The made suggestions were focused on reduction and elimination of the compulsion for masturbation and porn (particularly its non-normative variants); increase of the sexual drive to real women in real life, it inclining towards caresses and kisses and having a sexual intercourse with them; increase of a possible control over sexual addictive impulses; mood improvement; easiness in communication with women and men.

10.08.2019. Next day after the first session of hypnosis (5.08.2019) the patient had an addictive relapse: he masturbated to porn, but used normative heterosexual clips. The desire to masturbate to porn appeared every day, but it was weak. The patient noted that the intensity of his desire depended upon the period of abstinence. Unpleasant sounds (the file "Ten hours of a continuous repair") were of little help, though he used to listen to them during 10-15 minutes). But he reported that reading of historical and religious literature was very helpful. He had been keen on such subjects for a long period of time. After the 1st session of hypnosis it became a little easier to control his sexual addictive impulses. It was recommended to allow himself to masturbate once a week and, finally, ejaculate at least every second time (after dry orgasm). It was recommended to use normative heterosexual plots-fantasies rather than porn, because "it cannot be taken with you to bed". That suggestion did not produce a positive response of the patient, as he intended to exclude masturbation completely, though he did not have any female sex partners. In order to distract from sexual addictive impulses, another recommendation consisted in reading books that helped him in it and, besides, in choosing the most unpleasant concrete sounds rather than all sounds from the file "Ten hours of a continuous repair".

10.08.2019. The 2nd session of hypnosuggestive therapy was conducted. The same suggestions, as during its first session, were made.

17.08.2019. He noted that within a week before he came once during masturbation (he masturbated at home). He did not use porn, but used heterosexual fantasies. Second time he masturbated at work (he could not restrain himself) to heterosexual porn, but without both orgasm and ejaculation (he did not drive himself to orgasm). He said that after the beginning of his treatment it became easier to restrain his sexual impulses, and it resulted in a decreased frequency of acts of masturbation.

17.08.2019. The 3rd session of hypnosuggestive therapy was conducted. Suggestions were focused on elimination of the drive to masturbation and use of porn; acquisition of control over sexual impulses; mood improvement; easiness in communication with people (women and men) combined with confidence and feeling of comfort. It was emphasized that people needed communication that enjoyed them.

24.08.2019. On Monday (19.08.2019) he watched normative heterosexual porn, but did not masturbate (it was at work). On the day of his visit he masturbated taking a shower to normative heterosexual fantasies. During that week sexual compulsions for masturbation came more seldom and were less intense. Yet he was not comfortable with the fact that he masturbated once a week, though I told him that it was normal. He wanted to reduce the frequency of masturbation to once a fortnight.

24.08.2019. The 4th session of hypnosuggestive therapy was conducted. The made suggestions were focused on elimination of his drive to masturbation and watching of porn materials; acquisition of control over sexual addictive impulses, strengthening of his willpower that would make the above possible; mood improvement;

easiness in communication with women, including those whom he considered as potential sex partners; confidence that he deserved them and could convey that message to them in communication.

31.08.2019. During the previous week he watched classic heterosexual porn only once at work, but did not masturbate even one time. He noted that sexual impulses emerged more seldom, with less intensity and were significantly controlled. After our talk about a possible harm of a total block of the onset of ejaculation during masturbation and that it was quite reasonable to masturbate once a week, as there were no sexual intercourses with women, the patient said again that it was reasonable for him to masturbate with subsequent ejaculation not oftener than once a fortnight.

31.08.2019. The 5th session of hypnosuggestive therapy was conducted. The same suggestions, as during the previous session, were made.

7.09.2019. During the past week no addictive relapses occurred. He did not masturbate. Mild addictive impulses took place two times, but he coped with them relatively easily. He did not watch porn. He noted that he did not sleep well; it was caused by the fact that his employer did not want to pay taxes for him and therefore did not put him officially on the staff, though offered a place on programming courses (on the job) as well as to pay for the training, which cost much. The patient said about his heavy utility payments. He was dissatisfied that he did not receive a subsidy at that time, because he was not put officially on the staff. Before, when he worked in other organizations, he received a subsidy. Then he was put officially on the staff.

7.09.2019. The 6th session of hypnosuggestive therapy was conducted. The same suggestions, as during the previous session, were made, but besides they were supplemented with a suggestion focused on getting rid of anxiety and nervousness, saturation of the organism with rest, its therapeutic action and normalization of nocturnal sleep.

14.09.2019. During the past week he masturbated once on 8.09.2019 to normative heterosexual fantasies, and on 10.09.2019 watched normative heterosexual porn, but did not masturbate. As for the above mentioned situation at work, he resigned himself to it. His sleep improved a little, as besides the suggestions made during the previous hypnosis session he followed our recommendation and began taking 2 pills of valerian before going to bed.

14.09.2019. The 7th session of hypnosuggestive therapy was conducted. The same suggestions, as during the fourth session, were made together with a suggestion focused on saturation of the organism with rest, fixing its therapeutic influence on the organism and normalization of nocturnal sleep. Besides, it was suggested that in communication with the women whom he regarded as possible sex partners he was calm, self-confident and felt comfort.

28.09.2019. A telephone conversation. During two previous weeks “there was a relapse” in the form of masturbation, using normative heterosexual porn, with ejaculation. It was a week before. Also one day within the period after 14.09.2019 he additionally watched the same kind of porn one time, but it was not accompanied by masturbation. He noted that addictive impulses increased a week after the session of hypnosuggestive therapy, but their intensity was considerably less than before the start of treatment and he could control them. He informed that he could not visit the physician any more due to objective reasons.

30.10.2019. A telephone conversation. During the previous month he masturbated twice and finished with ejaculation. Periodically sexual “addictive” drives appeared, but he easily coped with them. He said that his “addiction” was on the decline.

Thus, the patient had porn addiction, which was supported by a difficulty in connecting females. The above addiction was well controlled with help of hypnosuggestive therapy (the basic method of treatment) supplemented with reading of religious and philosophic literature, which made it possible to weaken addictive drives by distraction (an auxiliary therapeutic effect). The patient’s set that it was necessary to keep almost complete sexual abstinence which, in his opinion, was useful for his organism, resulted in the situation that sexual drives and their realization, which appeared much less often that before the treatment and were even more than “within the normative line”, were perceived by him as addictive, though really they were not any more. Due to an insufficient duration of the treatment one cannot exclude a possibility of the patient’s gradual “sliding” into sexual addiction (porn addiction), this fact necessitating the control of his state.

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ГІПЕРСЕКСУАЛЬНІСТЬ У ФОРМІ ПОРНОАДИКЦІЇ: КЛІНІЧНЕ СПОСТЕРЕЖЕННЯ

Г. С. Кочарян

Харківська медична академія післядипломної освіти

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У статті повідомляється про рубрики, що мають відношення до гіперсексуальності, які містяться в Міжнародній класифікації хвороб 10-го перегляду (МКХ-10) (1994), американському діагностичному і статистичному посібнику по психічним розладам 5-го перегляду (2013) і проекті МКХ-11 (Kraus Shane W. et al., 2018). Також названі 4 концептуалізації гіперсексуальності: обсесивно-компульсивна (Bancroft J., Vukadinovic Z., 2004), адиктивна (Carnes P., 1983), зумовлена порушенням контролю імпульсів (Kraus Shane W. et al., 2016), а також пов'язана з синдромом постійного сексуального збудження / розладом у формі постійного генітального збудження і синдромом роздратованих геніталій (Кочарян Г.С., 2019). Наведено клінічне спостереження автора, яке, на його думку, кореспондується з моделлю гіперсексуальності як сексуальної адикції (порноадикції), хоча при порівнянні критеріїв сексуальної адикції і критеріїв компульсивного розладу сексуальної поведінки, який увійшов у проект МКХ-11 (Kraus Shane W. et al., 2018), можна зробити висновок про їх відповідність. При первинному зверненні чоловік 32 років пред'являв скарги на постійні думки про секс, які його турбують, труднощі контролю сексуальних імпульсів, що реалізуються при мастурбації і в 80% випадків здійснюються з використанням інтернет-порно. Мастурбує щодня або через день в основному на роботі, так як на робочому місці знаходиться один. Дивиться ролики з різними гетеросексуальними сюжетами (вагінальні і оральні статеві акти), садомазохістською і лейсбійскою тематикою, а також ролики, де жінка здійснює статевий акт з собакою. У зв'язку зі своєю проблемою, яка виникла в 18 років, з 22 років відзначає постійне відчуття депресії. Звертає на себе увагу те, що хворому важко встановлювати контакти з особами жіночої статі. Останній статевий акт був у 25 років. Основним методом лікування цього пацієнта була гіпносугестивна терапія, яка проводилася в варіанті програмування. Робилися навіювання, спрямовані на зменшення / ліквідацію тяги до мастурбації і порно (особливо до його ненормативних варіантів); посилення сексуального потягу до реальних жінок у реальному житті; посилення спроможності контролю сексуальних адиктивних імпульсів; легкість спілкування з жінками; поліпшення настрою. Всього було проведено 7 сеансів гіпнозу, так як з об'єктивних причин хворий не зміг продовжити лікування. Відзначається, що у пацієнта мала місце порноадикція, яка підтримувалася труднощами встановлення ним контактів з особами жіночої статі. Дана адикція добре *купірувалася* за допомогою гіпносугестивної терапії (основний метод лікування), що доповнювалося читанням літератури релігійно-філософського змісту, яка дозволяла послаблювати адиктивні спонукання шляхом переключення уваги (допоміжний терапевтичний вплив). Установка пацієнта на необхідність дотримання практично повного сексуального утримання, яке, на його думку, є корисним для організму, призвела до того, що сексуальні спонукання і їх реалізація, які стали виникати у нього набагато рідше, ніж до лікування, і більш ніж «вкладалися в нормативний ряд», сприймалися ним як адиктивні, хоча насправді такими вже й не були. У зв'язку з недостатньою тривалістю лікування не можна виключити можливість поступового «сповзання» пацієнта в сексуальну адикцію (порноадикцію), що диктує необхідність контролю його стану.

КЛЮЧОВІ СЛОВА: гіперсексуальність, порноадикція, клінічне спостереження, чоловік, гіпносугестивна терапія.

ГИПЕРСЕКСУАЛЬНОСТЬ В ФОРМЕ ПОРНОАДДИКЦИИ: КЛИНИЧЕСКОЕ НАБЛЮДЕНИЕ

Г. С. Кочарян

Харьковская медицинская академия последипломного образования

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В статье сообщается о рубриках, имеющих отношение к гиперсексуальности и содержащихся в Международной классификации болезней 10-го пересмотра (МКБ-10) (1994), американском диагностическом и статистическом руководстве по психическим расстройствам 5-го пересмотра (2013) и проекте МКБ-11 (Kraus Shane W. et al., 2018). Также названы 4 концептуализации гиперсексуальности: обсессивно-компульсивная (Bancroft J., Vukadinovic Z., 2004), аддиктивная (Carnes P., 1983), обусловленная нарушением контроля импульсов (Kraus Shane W. et al., 2016), а также связанная с

синдромом постоянного сексуального возбуждения / расстройством в форме постоянного генитального возбуждения и синдромом раздраженных гениталий (Кочарян Г.С., 2019). Приведено клиническое наблюдение автора, которое, по его мнению, корреспондируется с моделью гиперсексуальности как сексуальной аддикции (порноаддикции), хотя при сравнении критериев сексуальной аддикции и компульсивного расстройства сексуального поведения, вошедшего в проект МКБ-11 (Kraus Shane W. et al., 2018), можно сделать вывод об их соответствии. При первичном обращении мужчина 32 лет предъявлял жалобы на беспокоящие его постоянные мысли о сексе и трудность контроля сексуальных импульсов, которые реализуются при мастурбации, в 80% случаев осуществляемой с использованием интернет-порно. Мастурбирует ежедневно или через день в основном на работе, так как на рабочем месте находится один. Смотрит ролики с различными гетеросексуальными сюжетами (вагинальные и оральные половые акты), садомазохистской и лесбийской тематикой, а также ролики, где женщина осуществляет половой акт с собакой. В связи со своей проблемой, которая возникла в 18 лет, с 22 лет отмечает постоянное чувство депрессии. Обращает на себя внимание то, что больному трудно устанавливать контакты с лицами женского пола. Последний половой акт был в 25 лет. Основным методом лечения этого пациента была гипносуггестивная терапия, которая проводилась в варианте программирования. Делались внушения, направленные на: уменьшение/ликвидацию тяги к мастурбации и порно (особенно к его ненормативным вариантам); усиление сексуального влечения к реальным женщинам в реальной жизни; усиление возможности контроля сексуальных аддиктивных импульсов; легкость общения с женщинами; улучшение настроения. Всего было проведено 7 сеансов гипноза, так как по объективным причинам больной не смог продолжить лечение. Отмечается, что у пациента имела место порноаддикция, которая поддерживалась трудностью установления им контактов с лицами женского пола. Данная аддикция хорошо купировалась с помощью гипносуггестивной терапии (основной метод лечения), что дополнялось чтением литературы религиозно-философского содержания, позволявшей ослаблять аддиктивные побуждения путем переключения внимания (вспомогательное терапевтическое воздействие). Установка пациента на необходимость соблюдения практически полного сексуального воздержания, которое, по его мнению, является полезным для организма, привела к тому, что сексуальные побуждения и их реализация, которые стали возникать у него гораздо реже, чем до лечения, и более чем «укладывались в нормативный ряд», воспринимались им как аддиктивные, хотя на самом деле таковыми уже и не являлись. В связи с недостаточной продолжительностью лечения нельзя исключить возможность постепенного «сползания» пациента в сексуальную аддикцию (порноаддикцию), что диктует необходимость контроля его состояния.

КЛЮЧЕВЫЕ СЛОВА: гиперсексуальность, порноаддикция, клиническое наблюдение, мужчина, гипносуггестивная терапия.

ПРАВИЛА ОФОРМЛЕННЯ СТАТЕЙ ДЛЯ ЗБІРНИКА

«Психологічне консультування і психотерапія»

Відповідно до постанови Президії ВАК України №7-05/1 від 15 січня 2003 р. «Про підвищення вимог до фахових видань. Внесених до переліків ВАК України» при підготовці статей до фахового збірника слід дотримуватися таких вимог:

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Всеукраинская общественная организация «Институт клиент-центрированной и экспириентальной психотерапии» (сокращенно – ИКЭП www.pca.kh.ua) была создана в 2012 году. До этого времени функционировала с 2000 г. Мастер-школа клиент-центрированной психотерапии, созданная доктором психологических наук, профессором Кочаряном Александром Сумеровичем, который получил профессиональную подготовку в области клиент-центрированной психотерапии и консультирования в рамках обучающей программы интернационального института клиент-центрированного подхода (Лугано, Швейцария) и Центра кросс-культурной коммуникации (Дублин, Ирландия) для психологов и психиатров стран Центральной и Восточной Европы (Братислава, Прага) в 1990–1994 гг.

В том же 2012 г. ИКЭП получил статус коллективного члена Всемирной ассоциации человеко-центрированной и экспириентальной психотерапии и консультирования (World Association for Person Centered & Experiential Psychotherapy & Counselling http://www.pce-world.org/).

ИКЭП имеет учебные филиалы в Харькове, Киеве, Хмельницком, Луцке.

Основные формы деятельности ИКЭП:

Научная деятельность: выявление пределов и возможностей клиент-центрированной психотерапии (по нозологии и характерологии), разработка идей процессуальности в психотерапевтическом контакте. Защищены кандидатские и докторские диссертации по проблемам клиент-центрированной психотерапии, созависимых отношений, нарушений ответственного поведения, невротических расстройств, сексуальных и полоролевых нарушений. Изданы монографии: 1) Психотерапия: психологические модели – СПб.: Питер, 2003 – 1 изд., 2007 – 2 изд., 2009 – 3 изд. 2) Основы психотерапии – М.: Алетейя, 1999. 3) Основы психотерапии – К.: Ника-центр, 2001. 4) Психотерапия в особых состояниях сознания. – М.: АСТ, 2000. 5) Психотерапия сексуальных расстройств и супружеских конфликтов. – М.: Медицина, 1994. 6) Личность и половая роль – Х.: Основа, 1996. 7) Психотерапия как невербальная практика – Х.: ХНУ, 2014.; 8) Полоролевая психология – Х.: ХНУ, 2015.

Практическая деятельность (психологическая и психотерапевтическая работа): индивидуальное психологическое консультирование, групповая работа, проведение тематических тренингов.

Формы работы института: краткосрочные и долгосрочные программы, клиентские группы, группы встреч (личностного роста), профессиональное обучение, курсы обучения решению личностных проблем.

Преподавательский и тренерский состав ИКЭП: 1) Кочарян Александр Суренович - профессор, д. психол. н. (член единого профессионального реестра психотерапевтов Европы); 2) Кочарян Гарник Суренович - профессор, д. мед. н.; 3) Жидко Максим Евгеньевич - доцент, к. психол. н. (член единого профессионального реестра психотерапевтов Европы); 3) Кочарян Игорь Александрович - к. психол. н. (член единого профессионального реестра психотерапевтов Европы); 4) Терещенко Надежда Николаевна - доцент, к. психол. н. (официальный преподаватель межрегионального уровня); 5) Долгополова Елена Викторовна (официальный преподаватель межрегионального уровня); 6) Харченко Андрей Александрович (официальный преподаватель межрегионального уровня); 7) Цихоня Валерия Сергеевна - к. психол. н.

В настоящее ИКЭП реализует следующие проекты:

Профессиональная образовательная программа по клиент-центрированной психотерапии (адаптированная к требованиям Европейской Ассоциации Психотерапии). Программа включает в себя три модуля: 1) рефлексия личного опыта; 2) профессиональные знания и навыки; 3) поддержка и сопровождение профессионального опыта. Общее количество часов – 3215. Обучение проводится в закрытой группе (до 20 человек) с меняющимся составом сертифицированных лекторов и тренеров.

Подготовка включает в себя лекции, тематические семинары, работу в эмпатической лаборатории и лаборатории терапевтических ответов. Дополнительно обучающиеся проходят дидактическую индивидуальную психотерапию и участвуют в супервизионных семинарах. Завершение обучения предполагает позитивную рекомендацию тренеров, зачеты по всем тематическим семинарам и практическим занятиям, защиту практического случая (при условии вынесения его на супервизии), а также публичную защиту письменной дипломной работы.

Образовательная программа «Базовый курс психотерапии» («Психотерапевтическая пропедевтика»). Общее количество часов – 216 (из них 96 часов теории и 120 часов – практики). Включает в себя два модуля: 1) опыт самопознания (личный опыт); 2) основные направления психотерапии.

Супервизионная программа в области полимодальной и клиент-центрированной супервизии.

Мастер-класс професора А. С. Кочаряна – «Кухня клиент-центрированной психотерапии» (постоянно действующая открытая группа).

Группа встреч (клиентская группа) професора А.С. Кочаряна (полоуоткрытая группа).

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Клиентская программа «Мастерская психологического преображения и телесности» – участники обучаются навыкам оптимизации эмоциональных, когнитивных, коммуникативных, телесных и волевых процессов для наиболее эффективной самореализации в различных аспектах жизни: работе, взаимоотношениях, здоровье, отдыхе и т.д. Включает четыре модуля.

Клиентская программа по семейной и детской психологии – программа предназначена для студентов, практикующих психологов, родителей и супругов, настоящих и будущих. Состоит из трех ступеней, включает в себя лекции, тренинги, практические занятия, современные теоретические представления и личный опыт. По окончании каждой ступени выдается сертификат. Веб-адрес: www.facebook.com/FamilyKidsKh. Тел. +38(050)6032919

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